California's Child and Family Services Review
System Improvement Plan

County:	**Fresno**
Responsible County Child Welfare Agency:	**Fresno County Department of Children and Family Services**
Period of Plan:	**April 1, 2007 to March 31, 2010**
Period of Outcomes Data:	**2007 Q3 Outcome & Accountability Data**
Date Submitted:	**September 5, 2008**

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Submitted by each agency for the children under its care	
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Name:	**Linda Penner, Chief, Probation Department**
Signature:	

Fresno County
System Improvement Plan

March 27, 2007 (2008 Update)

Child and Family Services Review (C-CFSR)

Department of Children and Family Services
Catherine Huerta, Director

Probation Department
Linda Penner, Chief Probation Officer

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The County of Fresno March 2007 System Improvement Plan 2008 Update

Each item in the 2007 Fresno County SIP has been reviewed for data progress as well as progress in the implementation of the milestones. The updates and additions are in red for identification purposes. The data is updated to the point of the Q3 2007 extract. Further updates of Fresno data are available on line at the Fresno County Self Evaluation Team site:
http://www.co.fresno.ca.us/departmentpage.aspx?id=22419

- ✓ Milestones that have been completed are identified as "completed," "implemented" or "currently practiced."
- ✓ Milestones that are continuing are identified as "initiated and ongoing" or "continuing."
- ✓ Milestones that are in progress are identified as "in progress," or "planning stages."
- ✓ Milestones that are pending are identified as "pending," "future implementation pending staff resources" or "on hold."
- ✓ Milestones that are no longer targeted for implementation are identified as "became unnecessary."

There are 5 completely new strategies in response to needs identified by more recent data:

- Outcome 3A
  - Strategy 6.1 Fresno will participate in the National Safety and Risk Assessments Breakthrough Series Collaborative with a focus on reunification of children aged zero to five.
- Outcome 2B
  - Strategy 1.1 Social Work Supervisors will assign "10 Day Response" referrals within 3 days of the date of the referral. This provides the worker with 5 working days to initiate a response.
  - Strategy 1.2 The Social Worker will understand the response time frame and the importance of meeting that goal and providing proper documentation.
- Outcome 2C
  - Strategy 1.1 Support supervisors with information, strategies and tools related to the practice and technical expectations of contacts properly recorded in conjunction with a properly recorded case plan.
- Disproportionality
  - Strategy 6.1 Participation in the California Disproportionality Project BSC

March 2007 System Improvement Plan Matrix (2008 Update)

The outcomes selected for improvement from April 1, 2007 to March 30, 2010 are included in the following matrices. Specific goals, strategies and timeframes are outlined for each of the targeted outcomes.

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Outcome:
1A and 1B Recurrence of Maltreatment

County's Current Performance:

1A Recurrence of Maltreatment (Federal) (Now known as Measure S1.1)

	2002		2003		2004		2005		2006	
	Fresno	Calif.	Fresno	Calif.	Fresno	Calif.	Fresno	Calif.	Fresno	Calif.
Children With a Substantiated Allegation in the First 6 months	1,600	52,642	1,846	50,510	1,539	48,424	1,415	45,879	886	44,031
Children With an Additional Substantiated Allegation in the Next 6 months	121	5,709	239	5,613	199	4,103	115	3,848	69	3,368
Percent of Recurrence	7.6%	10.8%	12.8%	11.1%	12.9%	8.5%	8.10%	8.40%	7.79%	7.65%

1A Data Review:

- While the rate in Fresno County was lower (7.6%) in 2002 it increased significantly in 2003 (12.8%) and 2004 (12.9%) and then lowered again in 2005 (8.1%). The State numbers did not fluctuate in a similar manner and in 2005 are 3.7% higher than Fresno's but both continue to be above the national standard of 6.1%. California's PIP goal is 8.9%. Both the Fresno and California rates dropped in 2006 to the mid 7% range. Measure S1.1 reports the inverse number, rate not abused. 1B is no longer tracked.
- There was an increase of first substantiations from 2002 to 2003 that returned to lower numbers in 2004 and 2005. In 2003 Fresno County appears to have almost doubled (n=239) the number of recurrence substantiations from five previous years (average 133 children) but by 2005 that number has moved lower than that average.

1A Data Goal: The rate of recurrence to be consistently below the PIP goal of 8.9% and progressively approaching the National Standard of 6.1%.

County's Current Performance (continued):

1B Recurrence of Maltreatment (State) (1B is no longer tracked)

	1/01/02 to 12/31/02	**1/01/03 to 12/31/03**	**1/1/04 to 12/31/04**
A subsequent substantiated referral within 12 months			
Fresno	12.2%	15.5%	15%
Number of children with **any** substantiation and recurrence in Fresno Co.	396	526	425
State of California	13.5%	13.1%	12.4%
First subsequent substantiated referral within 12 months			
Fresno	11.4%	14.2%	13%
Number of children with **first** substantiation and recurrence in Fresno Co.	301	382	282
State of California	11.7%	11.4%	10.7%

1B Data Review:

- The number and rate of children with a substantiated referral of any type peaked in 2003, 15.5% (n=526) and dropped slightly in 2004 to 15.0% (n=425.) Fresno County is above the state rate by about 2.5% in the last two years.

- It appears that the number of children who experienced their first substantiation and a recurrence also peaked in 2003, 14.2% (n=382) and dropped slightly in 2004 to 13.0% (n=282.) Fresno County is above the state rate by about 2.5% in the last two years.

1B Data Goal: The rate of recurrence consistently at or below the State average, which is currently 10.7%.

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Improvement Goal 1.0 The referrals behind the collective data are explored to identify data and practice issues that may impact outcomes.					
Strategy 1.1 The identities of the specific referrals indicated in the data as recurring are obtained and analyzed to assess for over counting due to referrals on the same incident only appearing to be a recurrence.			**Strategy Rationale**[1] Referrals on the same incident might appear to be a recurrence when in fact they are not.		
Milestone	**1.1.1** The identities of the specific referrals that support the numeric outcome reported in the data are requested and obtained from UC Berkeley.	**Timeframe**	August 2007 and ongoing as the result appears to indicate is necessary. (future implementation pending staff resources)	**Assigned to**	Evaluation Staff Information Systems Division Staff
	1.1.2 Safe Measures and Business Objects are used to identify referrals with recurrent substantiated allegations and cross referenced with other sources.		August 2007 and ongoing as the result appears to indicate is necessary. (future implementation pending staff resources)		Evaluation Staff Information Systems Division Staff
	1.1.3 The data impact of the over counting is identified and reported.		August 2007 and ongoing as the result appears to indicate is necessary. (future implementation pending staff resources)		Evaluation Staff Quality Assurance
At the time of the initial plan development it was planned that each division would have an assigned analyst and that person was to play a large role in this process. Those positions became economically unviable and were never filled. At some point in the future there may be resources to employ these strategies but not at this time.					

Describe how the strategies will build on progress and improve this outcome or systemic factor

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Strategy 1.2 Issues, indicators or patterns in families where there has been a recurrence of substantiated abuse are analyzed using the log developed in Strategy 1.1.	**Strategy Rationale** [1] Where there are any common themes that occur there are options to prevent negative outcomes in the future for like situations. To identify those common themes the existing occurrences must be logged and tracked. One crucial dynamic will be the effectiveness of the process used to connect families to services.

Milestone	Timeframe	Assigned to
1.2.1. The sample size for the review is determined.	September 2007 (future implementation pending staff resources)	Evaluation Staff Quality Assurance
1.2.2. Issues, indicators or patterns to be tracked are identified and added to the existing log developed in Strategy 1.1.	September 2007 (future implementation pending staff resources))	Evaluation Staff Quality Assurance Multi-Disciplinary Partners such as Public Heath Nursing, Mental Health, Disproportionality, Immigration and others
1.2.3 Common themes that have negatively impacted recurrence are identified and a report is developed and issued.	December 2007 and quarterly through 2010 (future implementation pending staff resources)	Evaluation Staff Quality Assurance
1.2.4 Issues that can be addressed in training are identified and training is developed and delivered.	January 2008 and quarterly through 2010 (future implementation pending staff resources)	Evaluation Staff Quality Assurance Training Unit
1.2.5 Issues identified as contributing factors that relate to the need for new departmental responses are identified and strategies are designed and implemented.	February 2008 and quarterly through 2010 (future implementation pending staff resources)	Evaluation Staff Quality Assurance Training Unit Program Managers

Notes:
The incidence review of this strategy may not include subsequent substantiations where an open case in VFM or K-Six occurred after the initial substantiation and closed prior to the subsequent substantiation. If this is the case, a separate study will be beneficial for instances of that type as the dynamics that impeded the ability of services to avert a recurrence need to be understood and overcome where possible.
Items that are identified in the review process may warrant a proactive interim response even while the review continues. These initial interventions would provide a foundation for the overall intervention strategy.

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Improvement Goal 2.0
Opportunities to intervene with resources in situations where a subsequent referral is becoming more likely are identified.

Strategy 2.1	**Strategy Rationale** [1]
Current "evaluate out" referrals, where there is a recent (6 or 12 months) substantiation, are identified and a Path One or Path Two response is initiated.	In a family that has had a recent substantiated referral and there is a current report that has been designated as not appropriate for an in person response based on the merits of the current report (evaluate out) there is both an increased likelihood for later recurrence and an current opportunity for intervention with resources.

Milestone	Timeframe	Assigned to
2.1.1 Criteria are developed for determining if a current evaluate out referral should be responded to in Path One or Path Two.	August 2007 (implemented)	Emergency Response Program Manager Emergency Response Social Work Supervisors
2.1.2 Current "evaluate out" referrals are reviewed and directed to a response as appropriate.	September 2007 and ongoing (currently practiced)	Emergency Response Program Manager Emergency Response Social Work Supervisors
2.1.3 The outcome of these responses are tracked and analyzed regarding their impact on the recurrence of substantiations and the safety of the minors.	September 2007 and ongoing (delayed for future implementation pending staff resources)	Emergency Response Program Manager Emergency Response Social Work Supervisors Evaluation Staff

Notes:
The response to referrals that were originally designated "evaluate out" for a response could lead to a recurrent substantiation which would statistically appear to be a negative outcome. If in fact the response leads to an intervention that relieves a minor from the experience or risk of harm, the response should be considered as beneficial.

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Improvement Goal 3.0
The effectiveness of the connection to services for high risk families is increased.

Strategy 3.1	**Strategy Rationale** [1]
The use of Imminent Risk Team Decision Making meetings for high and very high risk* families as identified by the Structured Decision Making Tool is increased.	With high-risk families, at times there is insufficient attention given when a hold is not warranted. An Imminent Risk Team Decision Making meeting provides an opportunity to focus planning and resources towards identified family needs.

Milestone		Assigned to
3.1.1 Social Workers are provided information to describe the value of Imminent Risk Team Decision Making meetings and encourage their use.	April 2007 (continuing)	Emergency Response Program Manager Emergency Response Social Work Supervisors
3.1.2 Social Workers are supported in developing the skill of being able to articulate safety concerns in the often complex dynamics presented by families with high risk but no current protective hold.	May 2007 (completed with the use of TDM practice of expressing safety concerns)	Emergency Response Program Manager Emergency Response Social Work Supervisors Training Unit
3.1.3 Positive outcomes from Imminent Risk Team Decision Making meetings are reviewed in unit meetings.	June 2007 and ongoing (continuing practice of SWS's on case by case basis)	Emergency Response Program Manager Emergency Response Social Work Supervisors
3.1.4 Structural or process barriers to the effectiveness or feasibility of Imminent Risk Team Decision Making meetings are identified and strategies to overcome them are implemented.	July 2007 and ongoing (continuing practice of SWS's on case by case basis)	Emergency Response Program Manager Emergency Response Social Work Supervisors Team Decision Making Facilitators Team Decision Making Social Work Supervisor

Notes:
It is essential to include associated disciplines in the process of planning and implementing the use of Imminent Risk Team Decision Making meetings according to the issues within the family including Public Health Nursing, Substance Abuse Services, Mental Health Services, etc.
*As it is the practice to use the SDM regarding risk at case closure the identification of the need for Imminent Risk TDM's is based on the case by case assessment of the Social Worker and Supervisor using their professional skills and knowledge.

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Strategy 3.2 Structured Decision Making (SDM)* is used as a tool to assist in determining the need for an Imminent Risk Team Decision Making meeting.	**Strategy Rationale** [1] SDM Risk ratings of High and Very High indicate that a case should be opened. The SDM Tool also allows for an explanation as to why a case was not opened. An Imminent Risk Team Decision Making meeting may support the opening of a case as indicated or support the explanation as to why a case was not opened.

Milestone	Timeframe	Assigned to
3.2.1 Emergency Response Social Workers meet with their Social Work Supervisor to review Any referral that has SDM Risk ratings of High and Very High prior to closing.	April 2007 and ongoing (continuing practice of SWS's)	Emergency Response Social Workers Emergency Response Social Work Supervisors
3.2.2 For all referrals that have SDM Risk ratings of High and Very High the Social Workers and their Social Work Supervisor consider having an Imminent Risk Team Decision Making meeting for the family.	April 2007 and ongoing (continuing practice of SWS's)	Emergency Response Social Workers Emergency Response Social Work Supervisors
3.2.3 The Imminent Risk Team Decision Making meeting is held or if it is determined to not be feasible such reasons or rational will be documented in the concluding assessment.	April 2007 and ongoing (continuing practice of SWS's)	Emergency Response Social Workers Emergency Response Social Work Supervisors
3.2.4 A process is developed to record and track Imminent Risk Team Decision Making meetings and their outcomes for review and evaluations.	April 2007 and ongoing (delayed for future implementation pending staff resources)	Evaluation Staff Team Decision Making Staff

Notes:
The Structured Decision Making database can provide data on the dispositions related to High and Very High Risk families. The Quality Assurance and Evaluation component of the Department of Children and Family Services will review that data to assess and support this strategy. *As it is the practice to use the SDM regarding risk at case closure the identification of the need for Imminent Risk TDM's is based on the case by case assessment of the Social Worker and Supervisor using their professional skills and knowledge. The SDM identification of High Risk or Very High Risk will be known as the SWS reads the case for closure and can be a "firewall" if the risk level was not noted in the earlier SW assessment for the purpose of identifying the need for an Imminent Risk TDM.

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Strategy 3.3 The benefits/appropriateness for a PDSA (Plan/Do/Study/Act) to expedite actions at the conclusion of the TDM for all situations (when a petition is being filed, VFM services are opened or when services will be provided by other agencies without an open CPS case) is explored.			**Strategy Rationale** [1] If assessment or service activity is initiated immediately after the TDM decision or development of a safety plan, engagement is more likely and entry into services will be more immediate and have a greater likelihood of a successful outcome.		
Milestone	**3.3.1** A PDSA for expediting Substance Abuse Services as indicated following a TDM meeting is considered and developed if appropriate.	**Timeframe**	May 2007 (PDSA was completed and lessons learned have been integrated into general practice)	**Assigned to**	Program Managers Social Work Supervisors Training Unit Substance Abuse Specialists
	3.3.2 A PDSA for expediting Mental Health Services as indicated following a TDM meeting is considered and developed if appropriate.		May 2007 (no additional PDSA was completed but MHS expedited services are included in the above integration into general practice)		Program Managers Social Work Supervisors Training Unit Mental Health
	3.3.3 A PDSA for expediting Health Services as indicated following a TDM meeting is considered and developed if appropriate.		May 2007 (no additional PDSA but Health services are expedited as needed utilizing the PHN participation in the TDM meeting)		Program Managers Social Work Supervisors Training Unit Foster Care Nurses
Notes: This strategy is a complement to Strategy 2.2 in the 3A Reunification SIP item as in this one (Strategy 3.3) it includes services to families where no petition is filed.					

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Improvement Goal 4.0
The awareness of and ability to connect to services in the context of the local community is increased.

Strategy 4.1	**Strategy Rationale** [1]
Local partner and resource connections are made within the community in five different regions: 1) Central West Metro 2) East Metro 3) Rural (Southeast) 4) Foothill 5) Rural West.	To work most effectively with families in assessment and connection to supportive resources it is best practice to have productive relationships between the Department of Children and Family Services and the partners and resources in the local communities in which the families reside.

Milestone	Timeframe	Assigned to
4.1.1 Social Work Supervisors and their respective Emergency Response units are regionally designated and non-crisis Social Workers in those units are assigned to respond to referrals on a regional basis.	January 2007 and ongoing (10 day response Social Workers are regionally assigned)	Emergency Response Program Manager and Emergency Response Social Work Supervisors Emergency Response Social Workers
4.1.2 Social Work Supervisors and Social Workers from their units facilitate the development and functioning of community collaboratives in their respective regions.	Currently and Ongoing. (Ongoing) Central West Metro, East Metro and Rural (Southeast) are functioning and Foothill and Rural West are in the initial development stages.	ER Program Manager and ER Social Work Supervisors ER Social Workers Community Collaborative Partners
4.1.3 Resource Directories are developed and maintained that identify for staff, partners and families the resources that support healthy family functioning. The directories are in the G-Drive and on the Web so as to be available to all areas within the department that are working with families in that area even if they are not regionally assigned.	September 2007 and ongoing (completed in the Foothill and SE Metro Collaboratives and in process in the others. On-Line capacity to be in place by August 2008)	ER Program Manager and ER Social Work Supervisors ER Social Workers Community Collaborative Partners IT Services
4.1.4 The effective use of resources and successful methods of connecting families to them are reviewed and supported.	September 2007 and ongoing (ongoing-also using 211 Directory http://fresnouw.webinform211.net/Client/FresnoUW/)	ER Program Manager and ER Social Work Supervisors ER Social Workers Community Collaborative Partners

Notes:
In order to allow for Social Workers to be effective in the task of directly connecting families to resources, workload levels must be manageable. The use of geographic assignment increases the likelihood of a fluctuation in the volume of referrals having an impact on workload. Managers and Social Work Supervisors must consistently monitor and modify workload through redirecting assignments while maintaining geographic integrity by using such things as “overflow” workers.

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Improvement Goal 5.0 (Probation)
Trends related to recidivism during placement and after reunification that caused a subsequent return into out of home placement are identified.

Strategy 5.1	**Strategy Rationale** [1]
Issues, indicators or patterns in families where there has been recidivism and removal of minors from the home after successful reunification are identified and analyzed.	Identifying possible common trends may help prevent negative outcomes in the future for like situations. To identify those common themes the existing occurrences must be identified, logged and analyzed.

Milestone	Timeframe	Assigned to
5.1.1 Tracking mechanisms in the Juvenile Automation System are identified and items to be tracked are specified and added to the system.	October 2007 (Planning stages)	Juvenile Placement Manager Senior Systems and Procedures Analyst Placement Unit OA Lead DPO IV
5.1.2 Placement Staff are trained in the data entry of indicators once the addition to the Juvenile Automation System is made to receive the specified information.	November 2007 (Planning stages)	Juvenile Placement Manager Senior Systems and Procedures Analyst Placement Unit OA Placement Unit DPO's Multi-Disciplinary Partners such as Public Heath Nursing, Mental Health and others
5.1.3 Common themes are identified and a report is developed and issued.	January 2008 and quarterly through 2010 (Put on hold due to staffing and resource shortage (unable to complete due to staffing limitations)	Juvenile Placement Manager Senior Systems and Procedures Analyst Placement Unit OA Placement Unit DPO's Multi-Disciplinary Partners such as Public Heath Nursing, Mental Health and others
5.1.4 Departmental Reponses are identified and implemented.	February 2008 and ongoing. (Put on hold due to staffing and resource shortage)	Juvenile Placement Manager Juvenile Placement DPO's Juvenile Director Phillip Kader

Notes:
While Probation does not have a measure of the recurrence of abuse they do have the occurrence of recidivism that can be due to a number of factors both related to the actions of the minor and the dynamics of the family. Such recidivism warrants examination and strategic response. This process will also assist in tracking runaway behaviors and due diligence efforts to find runaway probation youth.

Describe systemic changes needed to further support the improvement goal.

- Geographic assignment, initially in Non-Crisis Response and then in as many areas as practicable.
- Capacity among the TDM facilitators to provide for an increase in TDM meetings with the use of the TDM for Imminent Risk families.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

- Continued support to staff via supervision and training is important to maintain a standardized basis for the disposition of referrals as unfounded, inconclusive or substantiated.
- Continued training in support of the proper and effective use of the Structured Decision Making tool.
- Continued training in support of the proper and effective use of Team Decision Making meetings.
- Training for the Neighborhood Collaboratives on the functioning of the Department of Children and Family Services and the ways that the community can partner in meeting the needs of the children and families in the neighborhood.
- Training for those in the community who present themselves to be community representatives for TDM meetings.

Identify roles of the other partners in achieving the improvement goals.

- Public Health Nurses, Mental Health staff, Substance Abuse Specialists play a key role in the identification of the barriers families are presented with who have conditions in their areas of expertise. They play a role in both the identification of the barriers and also the processes that can be developed to overcome those barriers and therefore to effectively engage families in services.
- Neighborhood collaboratives are crucial to the effective engagement of families into services, as they are where the families live, in both the geographic and esoteric sense.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

- The ability to overcome legal and structural barriers to a Path One response would enhance the ability of a preventive response.

[1] **Describe how the strategies will build on progress and improve this outcome or systemic factor**

Outcome:
1C Rates of Child Abuse and/or Neglect in Foster Care Measure S2.1 (No maltreatment in Foster Care)

County's Current Performance: National Standard Less than or Equal to 0.57%

Twelve-month review period	**1/1/03 to 12/30/03**	**1/1/04 to 12/30/04**	**1/1/05 to 12/31/05**	**1/1/06 to 12/31/06**
Fresno: Rate of child abuse and/or neglect in foster care (Fed)	0.03%	0.47%	0.48%	0.26%
Number Of Occurrences	3,646	3,592	3,527	3,391
California: Rate of child abuse and/or neglect in foster care (Fed)	0.02%	0.08%	0.19%	0.25%
Number Of Occurrences	130,303	110,240	108,585	108,945

Data Review:

- The data calculation process for the rate for child abuse and/or neglect while in foster care by a substitute care provider appears to have been reconfigured as the numbers for 2003 have been lowered a significant amount. In the first Fresno County Self-Assessment the rate in 2003 was .47% but it is now .03% which represents only one instance. It is most likely that the documentation standards of ACL 03-61 (possibly the use of the radio button to indicate that the allegation is against a substitute care provider) are now necessary for the instance to register for this outcome. It is likely that in 2003 and earlier the data input was incomplete and that the numbers as presented do not present an accurate picture of what was occurring. The data for 2002 and prior show no instances of abuse in care.
- Fresno County data entry for 2004 and 2005 was improved and shows 17 instances (3,592 in care) in 2004 for a rate of .47% and 17 instances (3,527in care) in 2005 for a rate of .48%. This is below the National Standard of .57%. The low statewide rates may be an indication that a significant number of counties are yet to improve in their data entry. In 2005, 35 counties show zero instances of abuse in foster care. 2006 shows Fresno's rate dropping by almost half and the State's number increasing to a very similar rate.
- In the last quarter of 2006 the response to abuse in foster care is being strengthened which includes renewed attention to detail in data input so there may be some increase in numbers for 2006 and beyond that come from an increased consistency in proper data input and not from a real increase in instances of abuse in foster care.
- While Safe Measures is not an equivalent Data Tool to the UC Berkeley Web data using Safe Measures can provide some additional perspective. Safe Measures shows that for the last three years the rate is up to 400% of the national standard. This difference may have to do with the aforementioned "Radio-Button" or including substantiated allegations against others who are not substitute care providers. Nonetheless it is an indicator that in the best interests of our children in care, this is a priority area for improvement strategies.

1C Data Goal: While improved data input may drive the data upward, analytical and response strategies are intended to reduce the actual experience of abuse or neglect in care. Numerically the target is to see the **rate of abuse at or below the national Standard of 0.57%**.

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Improvement Goal 1.0 Data input is accurate which allows for data collection and reporting to accurately portray the rate of abuse or neglect in out of home care by substitute care providers.					
Strategy 1.1 The proper creation of referrals regarding allegations of abuse by substitute care providers in out of home care is defined and training on that process is provided.		**Strategy Rationale**[2] The allegation section must properly indicate that the allegation is against a substitute care provider.			
Milestone	**1.1.1** The update of PPG Division No: 3 Chapter No 6 Item No: 26 which outlines the process for the proper creation of referrals regarding allegations of abuse by substitute care providers in out of home care is approved and published.	**Timeframe**	April 2007 (Changed to PPG No: 3 Chapter No 3 Item No: 9 which was updated on April 1, 2008)	**Assigned to**	DCFS Director DCFS Asst. Director Emergency Response Program Manager
	1.1.2 Careline Social Workers are trained on the content of the PPG and the practice of the proper indication that the allegation is against a substitute care provider is implemented.		April 2007 (still pending, DIU SWS ensures that it was done correctly at case closure)		Careline Social Work Supervisor
	1.1.3 The referral clerks are trained on the content of the PPG and the practice of the proper indication that the allegation is against a substitute care provider is implemented.		April 2007 (still pending, DIU SWS ensures that it was done correctly at case closure)		Emergency Response Supervising Office Assistant

Describe how the strategies will build on progress and improve this outcome or systemic factor

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Strategy 1.2 Social Workers and Social Work Supervisors are trained regarding the decision process to properly conclude an allegation against a substitute care provider and how to document that conclusion.	**Strategy Rationale** [1] Not all actions that are found to have truly occurred will meet the requirements to conclude that an abuse or neglect allegation against a substitute care provider is substantiated under the Welfare and Institutions Code. Some actions (or inactions) by a substitute care provider may be a violation of a court order or case plan but not meet the legal definition of abuse or neglect.

Milestone	Timeframe	Assigned to
1.2.1. Develop and approve a Policy & Procedures Guide (PPG) to define what constitutes abuse or neglect by a substitute care provider.	April 2007 (ER and DIU Social Workers have a strong knowledge base and consult with the DIU SWS when clarification is needed)	Dependency Investigation Unit Social Work Supervisor Emergency Response Program Manager DCFS Director
1.2.2 Train Social Workers in the Dependency Investigation Unit on the contents of the new PPG, specifically in regards to the requirements to conclude that an abuse or neglect allegation against a substitute care provider is substantiated under the Welfare and Institutions Code.	April 2007 (ER and DIU Social Workers have a strong knowledge base and consult with the DIU SWS when clarification is needed)	Dependency Investigation Unit Social Work Supervisor Dependency Investigation Unit Social Workers
1.2.3 Social Workers in Reunification are trained on the contents of the new PPG, specifically in regards to the requirements to conclude that a neglect allegation against a substitute care provider is substantiated under the Welfare and Institutions Code.	May 2007 (this became unnecessary with the change in policy that only DIU or other ER workers will respond to and process referrals)	Reunification Program Manager Reunification Social Work Supervisors Reunification Social Workers
1.2.4 Social Workers in Permanency Planning are trained on the contents of the new PPG, specifically in regards to the requirements to conclude that a neglect allegation against a substitute care provider is substantiated under the Welfare and Institutions Code.	May 2007 (this became unnecessary with the change in policy that only DIU or other ER workers will respond to and process referrals)	Permanency Planning Program Manager Permanency Planning Social Work Supervisors Permanency Planning Social Workers

Notes:
At this time Case Managers are assessing allegations of neglect against Substitute Care Providers so they must understand the proper requirements to conclude and document the allegation. (Milestones 1.2.3 and 1.2.4)

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Improvement Goal 2.0 Substantiated allegations against substitute care providers in out of home care are identified and analyzed.			
Strategy 2.1 Minors in out of home care that have had a substantiated allegation in (2005 and beyond) of abuse or neglect are identified through UC Berkeley Data, Safe Measures, Business Objects and Dependency Investigation Unit Social Work Supervisor logs.		**Strategy Rationale** [1] Due to changing data entry requirements and compliance and unclearness on criteria for allegation conclusions there are some minors who have been counted in the state data that should not have been and some that should have that may not have been.	
Milestone	**Timeframe**	**Assigned to**	
2.1.1 The identity of the specific referrals that support the numeric outcome reported in the data are requested and obtained from UC Berkeley.	May 2007 and quarterly through 2010 (future implementation pending staff resources)	Evaluation Staff Quality Assurance	
2.1.2 Safe Measures is used to identify referrals with substantiated allegations against substitute care providers in out of home care and cross referenced with other sources.	May 2007 and quarterly through 2010 (future implementation pending staff resources)	Evaluation Staff Quality Assurance	
2.1.3 Business Objects is used to identify referrals with substantiated allegations against substitute care providers in out of home care and cross referenced with other sources.	May 2007 and quarterly through 2010 (future implementation pending staff resources)	Evaluation Staff Quality Assurance Information Systems Division Staff	
2.1.4 The Dependency Investigation Unit Social Work Supervisor assignment log is cross-referenced with the other three sources to identify any referrals that were overlooked.	May 2007 and quarterly through 2010 (future implementation pending staff resources)	Evaluation Staff Quality Assurance Dependency Investigation Unit Social Work Supervisor	

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Strategy 2.2 Each instance of substantiated abuse or neglect against a substitute care provider is analyzed for validity and information on the "perpetrator type," nature of abuse/neglect and other selected dynamics are logged to assist in the determination of trends or resource needs.			**Strategy Rationale** [1] Looking at each referral will allow for an individual assessment of the validity of counting it for this measure as well as to allow for a broader assessment of challenges faced in out of home care. Such a review is the foundation for the development of strategies for early interventions and support.	
Milestone	**2.2.1** A spreadsheet of the referrals identified in Strategy 2.1 is developed to collect relevant data on each reported instance of abuse or neglect in out of home care by a substitute care provider.	**Timeframe**	June 2007 and ongoing (future implementation pending staff resources)	**Assigned to**	Evaluation Staff Quality Assurance Multi-Disciplinary Partners such as Public Heath Nursing, Mental Health, Model Standards and others
	2.2.2 Each referral is reviewed and evaluated for accuracy and identified dynamics and issues.		August 2007 and ongoing (future implementation pending staff resources)		Evaluation Staff Quality Assurance
	2.2.3 The results of the review are documented and shared with administrative staff and others to support the development of preventative strategies.		September 2007 and quarterly (future implementation pending staff resources)		Evaluation Staff Quality Assurance Program Managers Director/Assistant Director
Notes: As Probation begins to address issues of Abuse in Out of Home Care with allegations against Substitute Care Providers in a manner similar to the Department of Children and Family Services, they also will have data and logs of incidents that can be developed and assessed in a similar manner.					

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Improvement Goal 3.0
Dependency Investigation Unit Social Workers or Case Managers respond, assess and properly document referrals assigned to them with allegations against substitute care providers in out of home care.

Strategy 3.1	**Strategy Rationale** [1]
The process of proper response, assessment and documentation of referrals for minors in out of home care, with allegations against substitute care providers, is defined and established as procedure.	Due to unclearness on criteria for allegation conclusions and the unique and sensitive nature of investigating allegations against substitute care providers, specific direction is required.

Milestone	Timeframe	Assigned to
3.1.1 A Policy & Procedures Guide (PPG) to define proper response, assessment and documentation of referrals with allegations against a substitute care provider is developed and approved.	April 2007 (ER and DIU Social Workers have a strong knowledge base and consult with the DIU SWS when clarification is needed)	Dependency Investigation Unit Social Work Supervisor Emergency Response Program Manager DCFS Director
3.1.2 Social Workers in the Dependency Investigation Unit are trained on the contents of the new PPG, specifically in regards to proper response, assessment and documentation of referrals.	April 2007 (DIU Social Workers have a strong knowledge base and consult with the DIU SWS when clarification is needed)	Dependency Investigation Unit Social Work Supervisor Dependency Investigation Unit Social Workers
3.1.3 Social Workers in Reunification are trained on the contents of the new PPG, specifically in regards to proper response, assessment and documentation of referrals.	May 2007 (this became unnecessary with the change in policy that only DIU or other ER workers will respond to and process referrals)	Reunification Program Manager Reunification Social Work Supervisors Reunification Social Workers
3.1.4 Social Workers in Permanency Planning are trained on the contents of the new PPG, specifically in regards to proper response, assessment and documentation of referrals.	May 2007 (this became unnecessary with the change in policy that only DIU or other ER workers will respond to and process referrals)	Permanency Planning Program Manager Permanency Planning Social Work Supervisors Permanency Planning Social Workers

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Improvement Goal 4.0
Using Case Review common issues, indicators or patterns where additional training or resources can reduce the likelihood of negative outcomes in out of home care (including but not limited to abuse or neglect) will be identified.

Strategy 4.1	**Strategy Rationale** [1]
Issues, indicators or patterns in placements where abuse or neglect in out of home care have occurred are tracked and analyzed using the logs developed in Strategy 2.2 as a starting point.	Where there are any common themes that occur, there are options to prevent negative outcomes in the future for like situations. To identify those common themes the existing occurrences must be logged and tracked.

Milestone	Timeframe	Assigned to
4.1.1 Items (see "notes" below) to be tracked are identified and added to the existing log.	June 2007(still pending)	Evaluation Staff Quality Assurance Multi-Disciplinary Partners such as Public Heath Nursing, Mental Health, Model Standards, Dispro. and others
4.1.2 Common themes that contribute to the dynamics that increase the likelihood of negative outcomes in out of home care are identified and a report is developed and issued.	August 2007 and quarterly through 2010(still pending)	Evaluation Staff Quality Assurance
4.1.3 Identified issues that can be addressed by training both for new and ongoing foster parents and other care providers are identified and training is developed and delivered.	November 2007 and quarterly through 2010(still pending)	Evaluation Staff Quality Assurance Training Unit Foster Parent Resources Foster Parent Training Project
4.1.4 Issues identified (see "notes" below) as contributing factors that relate to departmental unawareness or non responsiveness (i.e. communication, documentation, availability etc.) will be identified and corrective action will be designed and implemented.	November 2007 and quarterly through 2010(still pending)	Evaluation Staff DCFS Administration Program Managers Quality Assurance Training Unit Program Manager Case Managers

Notes:
The items for the log (Milestone 4.1.1) should include dynamics such as substance abuse, mental health issues, special health needs, culture, gender identity, developmental issues and others identified in the log development process. Other dynamics that are identified as frequent issues during the actual review of incidents should be added to the log as items to be tracked.
Substitute care providers will be encouraged to take training that correlate to the dynamics of the minors in their home as a preventative intervention based on the identification of the dynamics and not waiting for an incident to occur. Relative/Mentors may not be open to attending training so as an alternative the case manager provides instruction through modules that are developed to mirror the targeted training.

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Improvement Goal 5.0 (Probation)
Probation utilizes CMS/CWS for their minors who are alleged to have been abused or neglected which supports data collection and reporting to accurately portray the rate of abuse by substitute care providers in out of home care for Probation youth.

Strategy 5.1	**Strategy Rationale** [1]
A Memorandum of Understanding (MOU) between Probation and the Department of Children and Family Services is developed based on ACL # 06-15 to provide the ability to accurately track and document allegations of abuse or neglect by substitute care providers in out of home care for Probation youth.	In order to allow the state to accurately collect and report on data regarding allegations of abuse or neglect by substitute care providers in out of home care for Probation youth, the incident must be recorded in the CWS/CMS system. The cross departmental process to achieve this must be reviewed by County Counsel, approved by the Department Heads and approved by the Board of Supervisors.

Milestone	Timeframe	Assigned to
5.1.1 MOU strategy is discussed in a meeting between Probation and the Department of Children and Family Services.	February 2007 (Completed – Danny Morris and David Ruiz)	Director of DCFS Director of Probation Emergency Response Program Manager Placement PSM
5.1.2 A draft MOU is developed and written.	March 2007 (Completed – Danny Morris and David Ruiz)	Emergency Response Program Manager & Social Work Supervisors Placement PSM Probation and DCFS Staff Analysts
5.1.3 The draft MOU is submitted to County Counsel for review and modification as necessary.	March 2007 (Completed – Danny Morris and David Ruiz)	Emergency Response Program Manager & Social Work Supervisors Placement PSM Probation and DCFS Staff Analysts
5.1.4 The MOU is approved and signed by the Chief Probation Officer and the Director of Department of Children and Family Services.	April 2007 (Pending, awaiting final review by DCFS Director Cathi Huerta) (MOU had to be revamped to clarify issues distinction between minors with WIC 727 orders and non-placement ordered probation minors)	Chief Probation Officer Director of Department of Children and Family Services Emergency Response Program Manager & Social Work Supervisors Placement PSM Probation and DCFS Staff Analysts
5.1.5 Approval from the Fresno County Board of Supervisors is obtained.	May 2007 (Not completed)	Probation and DCFS Staff Analysts Board of Supervisors

Notes:
Currently there is no data collection and reporting for Probation in CMS/CWS to accurately portray the rate of abuse by substitute care providers in out of home care.

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Strategy 5.2 (Probation) Probation's Policy and Procedure Manual for the placement unit as it relates to child abuse and neglect by substitute care providers in out of home care is updated.			**Strategy Rationale** New Policy and Procedure Manual items are needed to reflect the changes and mandates from CDSS and the MOU between Probation and the Department of Children and Family Services.	
Milestone	**5.2.1** Drafts of Policy and Procedure Manual items relating to allegations of abuse or neglect by substitute care providers in out of home care for Probation youth and the response to those allegations is developed.	**Timeframe**	June - August 2007 (Pending MOU finalization)	**Assigned to** Director of Juvenile Probation PSM Placement unit officers, DPO's Emergency Response Program Manager & Social Work Supervisors Evaluation and System Improvement Supervisor
	5.2.2 Drafts of Policy and Procedure Manual items are presented to the Probation Executive Council for approval.		September 2007 (Pending MOU finalization)	Director of Juvenile Probation
	5.2.3 The revised Policy and Procedure Manuel is distributed to and reviewed by placement staff.		October 2007 (Pending MOU finalization)	Placement PSM
Strategy 5.3 (Probation) The Department of Children and Family Services and the Probation Department collaborate in cross training for Probation Placement Officers on the Emergency Response process and the dynamics of investigation, assessment and the provision of safety and stability.			**Strategy Rationale** [1] Probation Officers who will be investigating allegations of abuse and neglect by substitute care providers in out of home care need training in investigation, assessment and the provision of safety and stability to properly meet the minors needs and to document the referral allegation conclusions that will impact outcomes	
Milestone	**5.3.1** Training curriculum specific to Probation Officers will be developed with DCFS.	**Timeframe**	November – December 2007 (Pending MOU finalization)	**Assigned to** Training Unit Emergency Response Program Manager & Social Work Supervisors Placement PSM
	5.3.2 Probation DPO's & OA's in the Placement Unit and DCFS ER SW's and OA's are trained on the contents of the new MOU/PPG, specifically in regards to the requirements to conclude that an abuse or neglect allegation against a substitute care provider is substantiated under the Welfare and Institutions Code.		February 2008 and annually thereafter due to staff transitions. (Pending MOU finalization)	Emergency Response Program Manager & Social Work Supervisors Training Unit Placement PSM ER SW's & Probation DPO IV's

Describe systemic changes needed to further support the improvement goal.

- Improved success for substitute care providers in communicating challenges presented in caring for a minor and the responding provision of supports and resources by the Department of Children and Family Services and Probation Department.
- The use of SDM to assess placement suitability.
- Foster Parent Resources Social Workers will regionalize and develop supportive relationships with a specific group of providers (those in their region.)
- Allow relative/mentors to utilize the warmline in order to bring attention to a concern that they have regarding a problem related to the minor that have placed with them. They would utilize this resource when the primary method of notifying the Social Worker or Probation Officer and/or their Supervisor has not yielded supportive results. While FPR may not be the one to address the issue they can direct to concern to those who would be responsible.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

- Training for social workers in the care line, Dependency Investigation Unit, case managers and referral clerks on the PPG's relating to abuse by substitute care providers in out of home care.
- Training for Probation Placement Officers on the Emergency Response process and the dynamics of investigation, assessment and the provision of safety and stability.
- Training will be developed for substitute care providers related to issues developed from the assessment of common themes in homes where abuse or neglect occur.
- Training for substitute care providers will have components that address the issues and special needs children present (including but not limited to health, mental health, substance abuse, permanence for older youth and LBGTQ concerns) that have factored in to abuse or neglect allegations.
- The training unit will execute a broader distribution of the Foster Parent Training calendars as a particular training session may be a resource for a mentor/relative placement that would hear about the training from case managers.
- Department of Children and Family Services will include Probation in training notifications.
- The Group Home advisory meetings are a venue to provide information on training opportunities.
- Encouraging Foster Parents and Group Home Staff who are attending training to meet continuing education hours to target training that will address issues for the minor(s) that they have, when those types of issues have factored in to abuse or neglect allegations in placements with similar dynamics.

Identify roles of the other partners in achieving the improvement goals.

- Information Systems Division staff to support data gathering.
- Evaluator to assess and report on the gathered information.
- Working with Foster Family Agencies and foster parents to identify situations and developments that could lead to problems and target resources and strategies to redirect the interactions away from any dynamic that would foster abuse or neglect.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

- The recent implementations of "prudent parenting" (ACL 06-02) (http://www.dss.cahwnet.gov/getinfo/acl06/pdf/06-02.pdf) allow for the elimination of unnecessary points of conflict between minors and care providers. Support should be given to care providers in identifying and utilizing this guideline.

Outcome:
3A. Percent Reunified Within 12 Months (entry cohort)

County's Current Performance:

Year	First Entries	Number Reunified	% Reunified	% California
2002	644	120	18.6%	36.5%
2003	577	119	20.6%	37.5%
2004	600	76	12.7%	37.5%

Data Review:

- In 2002, 18.6% of children who entered Child Welfare supervised foster care were reunified with their parents or caretakers within 12 months. The California percentage was 36.5%.
- In 2003, 20.6% of children who entered Child Welfare supervised foster care were reunified with their parents or caretakers within 12 months. The California percentage was 37.5%.
- In 2004, 12.7% of children who entered Child Welfare supervised foster care were reunified with their parents or caretakers within 12 months. The California percentage was 37.5%.
- This reunification rate in Fresno is fluctuating but remains steadily lower than the state.

3A Data Goal: To increase so as to be within 5% of the state average.

3A has now become C1.3 Reunification Within 12 Months (Six Month-Jan to June-Entry Cohort)
County's Current Performance:

Year	First Entries	Number Reunified	% Reunified	% California
2002	289	69	23.9%	39.1%
2003	253	69	27.3%	38.2%
2004	290	67	23.1%	39.2%
2005	206	31	15.0%	39.5%
2006	159	29	18.2%	41.7%

Data Review:
As the number of entries are reduced due to the effectiveness of pre-detention diversion into voluntary services, those cases that were too complex and presented the highest levels of safety threats are the most prevalent type to enter into the Reunification arena. The challenges inherent in this dynamic are made evident in the significantly low rates of timely reunification that are the outcome data reality in Fresno County.

PQCR:
In March of 2006 a PQCR was executed that focused on Family Engagement in the context of Case Planning in reunification. Page 13 of the PQCR report issued in May 2006 states: "Two themes that became evident from the PQCR Interview panels were the utilization of extended family members in the case planning process and the need for building and establishing rapport with clients and their families."
Page 22 of the PQCR report issued in May 2006 lists the following recommendations:

- Recommend that steps be taken to ensure that case plans are written in the language used by the client.
- Expand the use of Team Decision Making (TDM) meetings, Family Group Conferences (FGC), staffings, and to involve more family members/mentors in the development of the case plan.
- Update county policy to ensure that case plans are completed with the family and not on behalf of the family.
- Require staff to review case plan activities with clients at least once a month.
- Recommend that staff, as well as the court & attorneys, be trained on the curriculum "Concurrent Planning – A Whole System Change". This curriculum stresses the importance of family engagement.
- Provide more opportunities for dialog between DCFS line staff, the court, and attorneys. The purpose will be to improve communication, build trust, and focus attention on the need to empower families/case managers to develop and implement case plans.
- Newly hired/transferred staff will be given a reduced caseload in order for training to occur.
- As new state and federal funding becomes available, Fresno County administration will address opportunities to expand staffing levels within divisions that have responsibility for the development and implementation of case plans.
- DCFS to develop a policy to implement AB 2795, which allows for more time to engage families with the development of the initial case plan.

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Improvement Goal 1.0
The return of minors to their parents is properly documented by Social Workers into CWS/CMS.

Strategy 1.1	**Strategy Rationale**[3]
Training is developed and given to enable social workers to properly document the return of a minor to parents with court ordered Family Maintenance.	The data report bases a determination to consider a minor returned on the basis of the placement episode being closed. Currently social workers may be changing the program to Family Maintenance and ending the placement but leaving the placement episode open. All County Information Notice I-25-06 provides direction to counties on the proper procedure. http://www.dss.cahwnet.gov/getinfo/acin06/pdf/I-25_06.pdf

Milestone	Timeframe	Assigned to
1.1.1 The proper procedure for closing the placement episode when a minor returns to parents in Family Maintenance is documented to include the closing of the placement episode with the Placement Episode Termination Reason as: "Reunified with Parent/Guardian/Court.	April 2007 (Completed)	Training Unit
1.1.2 Training is developed regarding the proper procedure for closing the placement episode when minors return to parents in Family Maintenance.	April 2007 (Completed)	Training Unit
1.1.3 Training is given regarding the proper procedure for closing the placement episode when minors return to parents in Family Maintenance.	April 2007 (Completed and refresher training and training of staff subsequently transferred in is planned)	Training Unit Reunification Program Manager & Social Work Supervisor Permanency Planning Program Manager & Social Work Supervisor

Notes:
It is expected that consistent use of the proper documentation procedure will improve the outcome data but it is recognized that this would not reflect any changes experienced by the children and families who need an increased chance for reunification. Thus the remaining goals will focus on goals and strategies that support real changes in the potential for and achievement of reunification.
For data purposes Reunification means either a return to a parent's physical custody either with an open case in Family Maintenance or in a case that was closed with Dependency dismissed.

Describe how the strategies will build on progress and improve this outcome or systemic factor

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Improvement Goal 2.0 The time lapse between the conclusion of the activities of the Emergency Response Social Worker and the initiation of activities that will support reunification is reduced.				
Strategy 2.1 A PDSA (Plan/Do/Study/Act) on a process to eliminate time gaps in working with the family that traditionally occur (between the detention hearing and the time that family contact work is started in Reunification) is executed.		**Strategy Rationale** [1] If an ongoing social worker connects at the detention hearing engagement is more likely and entry into services will be more immediate and have a greater likelihood of a successful outcome.		
Milestone	**2.1.1** A PDSA for three Emergency response social workers and one reunification worker to follow a process of immediate transition is developed and initiated.	**Timeframe**	In process(Completed-A worker is now in place whose task is to support smooth transition and service expedition)	**Assigned to** Program Managers Social Work Supervisors Training Unit Emergency Response SW Reunification SW
	2.1.2 Successes and challenges are analyzed.		April 2007 (Completed)	Program Managers, Training Unit Social Work Supervisors Emergency Response/Reunification
	2.1.3 Feasibility for replication is determined and executed if recommended.		May 2007 (Led to system change where visits are scheduled immediately by the "transition" worker)	Program Managers Social Work Supervisors Training Unit
Strategy 2.2 The benefits/appropriateness for other PDSAs to expedite actions at the conclusion of the TDM is explored.		**Strategy Rationale** [1] If assessment or service activity is initiated immediately after the TDM decision or development of a safety plan, engagement is more likely and entry into services will be more immediate and have a greater likelihood of a successful outcome.		
Milestone	**2.2.1** A PDSA for expediting Substance Abuse Services as indicated following a TDM meeting is considered and developed if appropriate.	**Timeframe**	May 2007 (Led to system change where SA Services are scheduled immediately by a "transition" worker)	**Assigned to** Program Managers Social Work Supervisors Training Unit Substance Abuse Specialists
	2.2.2 A PDSA for expediting Mental Health Services as indicated following a TDM meeting is considered and developed if appropriate.		May 2007 (Became unnecessary because Mental Health Services are also scheduled immediately by a "transition" worker)	Program Managers Social Work Supervisors Training Unit Mental Health
	2.2.3 A PDSA for expediting Health Services as indicated following a TDM meeting is considered and developed if appropriate.		May 2007 (Became unnecessary because Health Services are also coordinated with the FC Nurse by a "transition" worker)	Program Managers Social Work Supervisors Training Unit Foster Care Nurses

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Improvement Goal 3.0
The frequency, progression and availability of visitation between parents and the children that they are working to reunify with are improved.

Strategy 3.1	**Strategy Rationale** [1]
The availability of visitation opportunities where supervised visitation is required is increased.	The likelihood of reunification is increased where parents and the children that they are working to reunify with have early and frequent in person contact.

Milestone	Timeframe	Assigned to
3.1.1 Adequate staffing for the Swanson Visitation Center is provided.	June 2007 (Completed-8-9 SWAides and backup coverage)	Director Assistant Director Program Managers
3.1.2 Visits are arranged through the visitation coordinator meeting with the family after the detention hearing at the same time as they meet with the services coordinator.	June 2007 (Completed-Also the System Change from Goal 2.0 above includes visitation scheduled even sooner (immediately) by a "transition" worker)	Visitation Coordinator
3.1.3 Visitation resources in the community are expanded (RFP) to include, language skills, rural access and evening and weekend options to reduce conflicts with school and work schedules.	August 2007 (In Process-The SE Metro Collaborative is working to develop the use of an Apartment unit at EHC-Plaza Terrace for 1/2 day visitation)	Director Assistant Director Program Managers
3.1.4 An enhanced process for identification, clearance and court approval of persons to provide third party supervision is developed, documented and implemented.	November 2007 (Initiated and ongoing)	Reunification Program Manager Reunification Social Work Supervisors Reunification Social Workers District Attorney
3.1.5 A process for identification of circumstances where it would be beneficial to use alternative locations such as parks, playgrounds, homes etc. for Social Worker supervised visits is developed, documented and implemented.	November 2007 (In process)	Reunification Program Manager Reunification Social Work Supervisors Reunification Social Workers
3.1.6 A process for facilitating the use of substitute care providers to supervise visits is developed.	February 2008 (In process, considering also using site in 3.1.3 if in the SCP home is not feasible)	as above and also Foster Parent Associations and Foster Family Agencies and District Attorney

Notes: 3.1.4 should include guidance for determining the circumstance where having a proposed supervising third party appear at the hearing would be appropriate. The process should also include a step that involves a discussion with minor's counsel about the proposed supervising third party prior to the hearing. The case manager must enter the third party's written assessment of a visit into CWS/CMS as a contact/delivered service as documentation that visits are occurring as ordered by the court.

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Strategy 3.2 Increased intentionality is developed for the progression of visits from more to less restrictive.			**Strategy Rationale** [1] To move to reunification, visits must usually progress from supervised to extended. Changes in visitation often require a modification of an existing court order. Additional hearings beyond the six and twelve month hearings may be necessary to move to reunification within twelve months.
Milestone	**Timeframe**	**Assigned to**	
3.2.1 When appropriate discretion for unsupervised visits at the Disposition hearing is requested.	April 2007 (Ongoing, utilizing a pre-Disposition hearing staffing, however not done frequently as establishing appropriateness is often premature)	Reunification Program Manager Reunification Social Work Supervisors Reunification Social Workers	
3.2.2 When appropriate A JV180 is submitted to request a change of visitation.	April 2007 (In Process and ongoing)	Reunification Program Manager Reunification Social Work Supervisors Reunification Social Workers	
3.2.3 The progression of visitation during the first twelve months and identification of any barriers and determination of any strategies to overcome them are reviewed by Social Workers and their Supervisors.	April 2007 (As a part of a redesign of FR practice there is a pre-Disposition hearing staffing as well as staffings every three months which amongst other things can address the expedition of a progression in visitation status)	Reunification Program Manager Reunification Social Work Supervisors Reunification Social Workers	

Notes:
The development and utilization of a standardized criterion for the documentation of visits will enhance the ability of the social worker to document the progress of the visits in determining the appropriateness of requesting an order for a less restrictive level of visitation. This list will also support the use of third party supervision as developed in strategies 3.1.4 and 3.1.6. This can also be used by FFA Social Workers who supervise visits.
It will be important in all visitation documentation to review for any potential cultural bias that would inappropriately assess what is in fact neutral or nurturing behavior as detrimental.
Best practice would support the case manager supervising at least one visit for first hand knowledge of how the child and parents are interacting that can be compared to the assessments from others that have provided supervision.
The current practice of noting the current court order regarding visitation in the “alerts” section of CWS/CMS must continue as a key strategy to avoid prematurely moving to a less restrictive visit prior to the court’s authorization.

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Improvement Goal 4.0 The frequency of a productive partnership between the department, substitute care providers, supportive family members/mentors, natural partners and the birth parent(s) in the development and implementation of a strengths based, family developed case plan is increased.			
Strategy 4.1 A more frequent use of "Ice Breakers" for parents and substitute care providers is expected and supported.		**Strategy Rationale** [1] The more that the parent experiences the existence of a substitute care provider for their child as an opportunity to enhance their own parenting capacity the more likely they are to gain the qualities needed to support a successful reunification.	
Milestone	**4.1.1** Through dialog with staff, supervisors support the use of Icebreakers as a means to increase the frequency of a productive partnership between the department, the substitute care provider and the birth parent(s).	**Timeframe**	March 2007 (Pending a restart-the process lagged when the person in the position that took the initiative to schedule and facilitated the meetings left the agency)
	4.1.2 IceBreakers are used more frequently.		April 2007 (Pending restart)
	4.1.3 IceBreakers are documented as a part of the TDM action plan each time it is feasible.		April 2007 (Pending restart)

Assigned to
Reunification Social Work Supervisors Reunification Social Workers Training Unit
Reunification Social Work Supervisors Reunification Social Workers
Reunification Social Work Supervisors Reunification Social Workers TDM Facilitators

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Strategy 4.2 The involvement of the natural supports for parents such as family members, mentors, cultural representatives, sponsors, clergy etc. in the process of reunification is supported.	**Strategy Rationale** [1] The more that the parent has an opportunity to include persons already in their life that have the capacity to provide healthy support and direction the more likely they will experience improvements in their lives that will support a successful reunification. Those persons are also likely to remain involved with the family and decrease the likelihood of a return to care.

Milestone	Timeframe	Assigned to
4.2.1 A process for the identification and involvement of natural partners is developed, documented and implemented.	September 2007 (In process, achieved in part with the use of FR TDM meetings)	Reunification Program Manager Reunification Social Work Supervisors Reunification Social Workers
4.2.2 A Family Group Conference is routinely considered as a mechanism to engage natural supports in the reunification process.	October 2007 and ongoing (Pending-additional TA/Training with Jim Nice is planned to support progress in implementation)	Reunification Social Work Supervisors Reunification Social Workers Family Group Conference Facilitator
4.2.3 As Social Workers review cases with their supervisors, the role that natural supports are or could be playing in the reunification process are identified.	October 2007 and ongoing (In process-additional TA/Training with Jim Nice is planned to support progress in implementation)	Reunification Social Work Supervisors Reunification Social Workers

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Strategy 4.3 Case Planning takes place in a collaborative environment that supports the development and implementation of a strengths based, family developed case plan. To the extent that their processes mirror these Probation engages in parallel activities.	**Strategy Rationale** [1] Families who partner in developing the case plan that they have to carry out are more likely to succeed. This is both because they are more likely to follow through and because the elements of the plan can be focused on a broader understanding of what the family needs rather than just what the typical formula traditionally applies. The participation of natural partners and substitute care providers can support and empower the family in the development and implementation of a case plan.

Milestone	Timeframe	Assigned to
4.3.1 Social Workers and Social Work Supervisors attend "Concurrent Planning – A Whole System Change" which in part will support staff in the process of building and establishing rapport with clients and their families.	May 2007 (completed)	Reunification Social Work Supervisors Reunification Social Workers Attorneys and Court Staff Training Unit
4.3.2 A process for the expanded use of Team Decision Making (TDM) meetings, Family Group Conferences (FGC), and staffings, to involve more family members/mentors in the development of the case plan is developed, documented and implemented.	September 2007 (in process)	Reunification Program Manager Reunification Social Work Supervisors Reunification Social Workers Family Group Conference Facilitator
4.3.3 Mechanisms and strategies to ensure that case plans are completed with the family and not on behalf of the family are developed, documented and implemented.	October 2007 and ongoing (in process)	Reunification Program Manager Reunification Social Work Supervisors Reunification Social Workers
4.3.4 A process to ensure that case plans are written in the vernacular and language of the client is developed, documented and implemented.	October 2007 and ongoing (in process)	Reunification Program Manager Reunification Social Work Supervisors Reunification Social Workers
4.3.5 Supervisorial review ensures that the case managers review (or update as needed) case plan activities with families at least once a month.	October 2007 and ongoing (in process)	Reunification Social Work Supervisors Reunification Social Workers

Notes:
As new state and federal funding becomes available, Fresno County administration will address opportunities to expand staffing levels within divisions that have responsibility for the development and implementation of case plans.

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Improvement Goal 5.0
Data and case information are used to determine true successes and challenges as well as factors that support or hinder successful reunification.

Strategy 5.1	**Strategy Rationale** [1]
Analyze issues, indicators or patterns in families where reunification was successful or reunification was unsuccessful.	Where there are any common themes that occur there are options to support positive outcomes or prevent negative outcomes in the future for like situations. To identify those common themes the existing occurrences must be logged and tracked.

Milestone	**5.1.1**. A log for current and possibly past reunification cases is developed.	Milestone	June 2007 (pending)	Milestone	Evaluation Staff Quality Assurance
	5.1.2. Issues, indicators or patterns to be tracked are identified and added to the existing log.		July 2007 (pending)		Evaluation Staff Quality Assurance Multi-Disciplinary Partners such as Public Heath Nursing, Mental Health and others
	5.1.3 Common themes are identified and a report is developed and issued.		December 2007 and quarterly through 2010 (pending)		Evaluation Staff Quality Assurance
	5.1.4 Issues that can be addressed through training are identified and training is developed and delivered.		January 2008 and quarterly through 2010 (pending)		Evaluation Staff Quality Assurance Training Unit Foster Parent Resources
	5.1.5 Issues identified as contributing factors that relate to the need for new departmental responses are identified and strategies are designed and implemented.		February 2008 and quarterly through 2010 (pending)		Evaluation Staff Quality Assurance Training Unit Program Managers

Notes:
This analysis will additionally offer an opportunity to review issues of disproportionality, especially where the dynamics that impact reunification for specific groups differ from the dynamics that impact the rest of the population.
The analysis may allow for an assessment of reunification between 12 and 24 months. Were there occasions when the reunification could have occurred more quickly? **Success in reunification should be defined as "reunification happening when it should happen."** The studies are to determine beyond a raw number or rate of reunification, the frequency of untimely reunification or missed opportunities for reunification.

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Strategy 5.2 Reunified families are surveyed for their feedback regarding the elements that supported or hindered their reunification experience.			**Strategy Rationale** [1] Case review is limited in its ability to review some factors in that only that which is documented or documentable can be reviewed. In person interviews will provide a broader spectrum of dynamics for review and response.		
Milestone	**5.2.1** A mechanism for the selection of families to be interviewed will be developed, documented and implemented.	**Timeframe**	March 2007 (pending)	**Assigned to**	Reunification Program Manager Reunification Social Work Supervisors Extra Help Social Worker
	5.2.2 The survey process (contact and interview script and questions etc.) is developed and documented.		April 2007 (pending)		Reunification Program Manager Reunification Social Work Supervisors Extra Help Social Worker
	5.2.3 The survey process includes how to identify and recruit for the parent Leadership Taskforce.		April 2007 (pending)		Reunification Program Manager Reunification Social Work Supervisors Extra Help Social Worker
	5.2.4 The survey process is implemented.		April- December 2007 (pending)		Extra Help Social Worker
Strategy 5.3 (Probation) An automated tracking system to capture/ gauge the rate of reunification within 12 months, using the JAS (Juvenile Automation System) is developed by Probation.			**Strategy Rationale** [1] Currently statistics in this area require a "hands search" or manual search without the use of the Probation JAS computer system. Tracking reunification will help capture outcomes and development of evidence based strategies that support timely reunification.		
Milestone	**5.3.1** Probation administration and the automation team meet and a system to track 12-month unification in JAS and the number of placements used is developed.	**Timeframe**	April 2007 (Delayed due to automation budget limitations and IT support)	**Assigned to**	Placement PSM Juvenile Director Senior Systems and Procedure Analyst Placement OA
	5.3.2 A tracking system is developed.		May- June 2007 (Delayed due to automation budget limitations and IT support)		Senior Systems and Procedure Analyst
	5.3.3 Statistical information is collected, analyzed and reported.		June 2007 – 2008 and ongoing (Delayed due to automation budget limitations and IT support)		Placement PSM Placement OA

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Strategy 5.4 (Probation) A work group of Deputy Probation Officers (line staff and supervisors) is convened to implement suggested changes to current reunification practices and protocol.	**Strategy Rationale** [1] In the process of carrying out their practice Deputy Probation Officers are aware of the dynamics that Probation minors experience. A number of current barriers have become clear (see "Notes" below) through the PQCR and training dialogues. The next logical step is to develop strategic changes that will overcome or eliminate these barriers.

Milestone	Timeframe	Assigned to
5.4.1 Work group members are identified and objectives and meetings are set.	May 2007 to June 2007 (Met and planning is ongoing)	Placement PSM Lead DPO IV's Line staff DPO's
5.4.2 Specific recommendations are developed and presented to the Juvenile Probation Director and Probation Administration.	July 2007 to August 2007 (Delayed due to automation budget limitations and IT support)	Placement PSM Lead DPO IV's Line staff DPO's Probation Administration Juvenile Probation Director
5.4.3 Changes in procedure and protocol are adopted and implemented.	September 2007 and ongoing (Not met due to staffing limitations)	Placement PSM Lead DPO IV's Line staff DPO's Juvenile Probation Director

Notes:

During the PQCR and subsequent training, officers have identified several key areas that are proposed to overcome or eliminate barriers for reunification:

- Eliminating the use of "blackout periods" by group homes.
- The initiation of family counseling in a timely manner, rather than waiting until the minor has been in care for several months.
- Defining specific goals with regard to timelines for the minor's return to home.
- Eliminating the practice of using future visits with parents/family as a "consequence" for the minor's negative behavior.
- The Deputy Probation Officer actively encourages/seeks parental involvement with the case.

Improvement Goal 6.0 Families in Reunification with children 0-5 are supported through engaged use of SDM in case planning and decision making.			
Strategy 6.1 Fresno will participate in the National Safety and Risk Assessments Breakthrough Series Collaborative with a focus on reunification of children aged zero to five.		**Strategy Rationale**[4] The use of SDM as a decision making tool will support case planning and decision making regarding the progress of the case in support of reunification	
Milestone	**Timeframe**		**Assigned to**
6.1.1 An application to participate in the Safety and Risk Assessments BSC is submitted.	March 2008 (completed)		Deputy Director Program Manager Staff Analyst
6.1.2 An offer to participate in the Safety and Risk Assessments BSC is accepted.	April 2008 (completed)		Deputy Director Program Manager Staff Analyst
6.1.3 A team consisting of a Sr. Leader, a Day to Day manager, a SWS, line SW staff, a community member, a parent and a youth is formed	April 2008 (completed)		Deputy Director Program Manager
6.1.4 The First Learning Session takes place with all national participants in Minneapolis Minnesota.	June 23 to June 26, 2008 (completed)		S&RA BSC Team
6.1.5 PDSA (Plan-Do-Study-Act) strategies are developed and implemented by the team SWs	June 2008 and ongoing		S&RA BSC Team
6.1.6 Data related to designated BSC activities is collected and analyzed.	June 2008 and ongoing		S&RA BSC Team
6.1.7 Strategies that have shown to be effective are implemented more broadly within the division.	July 2008 and ongoing		Program Manager Social Work Supervisors Social Workers
6.1.8 The Second Learning Session takes place with all national participants in Anaheim.	October 27 to 29, 2008		S&RA BSC Team
6.1.9 The Third Learning Session takes place	April 20 to 22. 2009		S&RA BSC Team
6.1.10 The Fourth Learning Session takes place	September 29 to October 1, 2009		S&RA BSC Team

Describe systemic changes needed to further support the improvement goal.

- Cultural sensitivity is essential in the assessment of visitation.
- An effective process for parents is needed to enable them to advocate for themselves when "bureaucracies" seem to be a barrier in engaging in services, visits, etc. Possibly a consumer help line for parents. Whatever process is identified needs to be effectively communicated to parents.
- Reunification celebration events provide an opportunity to recruit for the Parent Leadership Taskforce.
- Provide more opportunities for dialog between DCFS line staff, the court, and attorneys. The purpose will be to improve communication, build trust, and focus attention on the need to empower families/case managers to develop and implement case plans.
- Reception to be redecorated to include posters with stories of successful reunification to encourage a positive mindset towards the possibilities and hopes for the reunification of the parents who see and read the stories.
- Newly hired/transferred staff are given a reduced caseload in order for training to occur.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

- "Concurrent Planning – A Whole System Change" is a training that will be provided.
- Training for those who supervise visits should include skills for objectively assessing the visit as well as techniques to sensitively provide mentoring guidance on nurturing parenting methods that may naturally be indicated during the parent child interaction.

Identify roles of the other partners in achieving the improvement goals.

- The Parent Leadership Taskforce should have input into the processes regarding parental self-advocacy.
- The Parent Leadership Taskforce can have a role in the Concurrent Planning orientation meetings held for parents newly "entering the system."
- Neighborhood collaboratives play a major role as resources and advocates for families as well as being continued support after reunification.
- Cultural brokers will support families along with the collaborative but also play a central role in identifying and countering any bias that may impact a particular family.
- The role of substitute care providers is changing dramatically and a cultural shift that gives a role to them with the whole family, parents included cannot be overstated as a key element in the process of improving chances for a healthy, long term reunification of families.
- In collaboration with the Parent Leadership Taskforce, parent partners need to be recruited and supported from those who have successfully unified as they might act as a bridge between parents with active cases and the case managers.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

- Department of Children and Family Services will determine the benefit of a policy to implement AB 2795, which allows for more time to engage families with the development of the initial case plan.
- Full clarification of entities defined as "Third Party" is needed from County Counsel. Currently anyone not directly employed by the Department of Children and Family Services are considered "third party." This would include contracted visitation providers. The place of FFA Social Workers is unclear, as they are placement providers for the children but not direct employees of the Department of Children and Family Services.

[1] **Describe how the strategies will build on progress and improve this outcome or systemic factor**

Systemic Factor: Disproportionality

County's Current Performance (Child Welfare):
2005 Fresno County Child Welfare Data

2005	Black	White	Hispanic	Asian	Native American
Population	6.21%	21.82%	59.45%	8.94%	1.35%
Referrals	11.67%	20.23%	56.22%	4.45%	1.60%
Substantiations	10.90%	16.11%	63.36%	3.81%	3.94%
First Entry	10.40%	11.62%	63.20%	3.17%	11.97%
Entries	10.51%	13.36%	60.21%	3.15%	12.76%
In Care	19.43%	20.08%	54.85%	2.91%	2.72%

Black Children	2000	2001	2002	2003	2004	2005
Population	5.68%	5.82%	5.97%	6.14%	6.18%	6.21%
Referrals	12.58%	12.18%	12.27%	12.31%	11.39%	11.67%
Substantiations	14.49%	14.00%	14.24%	12.31%	12.67%	10.90%
First Entry	17.78%	14.57%	17.76%	10.83%	13.34%	10.40%
Entries	17.93%	15.22%	17.40%	11.94%	14.44%	10.51%
In Care	23.94%	23.53%	23.11%	22.47%	20.76%	19.43%

Data Review:

- In 2005 Black children and Native American children were over represented at various points in the Child Welfare experience.
- For Native Americans overrepresentation was in the area of entry to care. While in looking at the data since the year 2000 there has been some overrepresentation, the data for 2005 show a 400% increase in that overrepresentation.

Black children are over represented at every point along the continuum and the overrepresentation has been consistent for all six years since 2000. There has been some improvement at points after referrals but overrepresentation continues at between 150% and 300%. **County's**

Current Performance (Child Welfare):
2006 Fresno County Child Welfare Data

2006	Black	White	Hispanic	Asian	Native American
Population	6.22%	20.98%	60.54%	8.68%	1.38%
Referrals	12.39%	19.80%	60.99%	4.94%	1.88%
Substantiations	9.85%	12.91%	67.56%	3.94%	5.74%
First Entry	6.85%	11.47%	66.61%	5.14%	9.93%
In Care	17.90%	18.07%	56.18%	2.56%	5.29%

Black Children	2000	2001	2002	2003	2004	2005	2006
Population	5.68%	5.82%	5.97%	6.14%	6.18%	6.21%	6.22%
Referrals	12.58%	12.18%	12.27%	12.31%	11.39%	11.67%	12.39%
Substantiations	14.49%	14.00%	14.24%	12.31%	12.67%	10.90%	9.85%
First Entry	17.78%	14.57%	17.76%	10.83%	13.34%	10.04%	6.85%
Entries	17.93%	15.22%	17.40%	11.94%	14.44%	10.51%	n/a
In Care	23.94%	23.53%	23.11%	22.47%	20.76%	19.43%	17.90%

Data Review:

- In 2006 the data for "Entries" was eliminated and only "First Entry" will continue in use.
- In 2006 Black children had a first entry rate that was nearly identical to their rate in the overall population. The challenge will be in maintaining that improvement
- For Native Americans overrepresentation occurs at the points after the referral. This suggests that deeper involvement in the system is leading to increase care in identifying Native American ethnicities. The census is likely to significantly under-represent Native Americans as it does not involve a specific inquiry by a pollster (as a social worker does) and if there is a dual identification of Native American and anything else they go into the "mixed" category. This then distorts the data as it tries to measure disproportionality.
- Black children are over represented at every point along the continuum and the overrepresentation has been consistent for all six years since 2000. There has been consistent improvement at all points after referrals.

County's Current Performance (Probation):

2005 Fresno County Probation Data

	White		Black		Hispanic		Asian		Pacific Islander		Native American		Other	
	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%	(n)	%
Population of Youth Aged 10 to 19	41,919	**29.8%**	7,572	**5.3%**	70,822	**50.0%**	15,590	**11.0%**	133	**0.1%**	1,155	**0.8%**	4,304	**3.1%**
Bookings	873	**18.5%**	925	**20.0%**	2,459	**52.0%**	271	**7.5%**	6	**0.1%**	54	**1.1%**	21	**0.8%**
Pre-disposition	507	**19.0%**	537	**20.0%**	1,385	**52.0%**	142	**7.0%**	3	**0.3%**	26	**1.0%**	12	**0.7%**
Post-disposition	299	**18.0%**	291	**17.0%**	933	**55.0%**	108	**8.0%**	2	**0.3%**	21	**1.2%**	6	**0.5%**

Data Review:

- The population base used to establish representation within the population is youth aged 10 to 19 as very few minors aged 9 or less have the potential to become involved in the Juvenile Probation System.
- In 2005 Black children were over represented at the various points in the Juvenile Probation System experience.
- The rate of overrepresentation for Black children is nearly 400%.
- In 2005 Hispanic children were over represented by smaller margins (4% to 10%.)
- In 2005 Asian children were under represented but by smaller margins (27% to 36%) than they are underrepresented in Child Welfare participation (50% to 67%.)
- In 2005 Native American children were over represented by small absolute differences (0.4%) but larger margins (25% to 50%.)
- In 2005 there were numerically fewer White children than Black children despite the fact that there are more than 5 times as many White children in the population.

Disproportionality Goal:

The goal for both Child Welfare and Probation is to progressively eliminate the disparate treatment that leads to disproportionate outcomes. **The Data Goal is to see the disparity reduce by 10% at minimum each year.**

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Improvement Goal 1.0
A deeper and fuller understanding of the statistical indications of disproportionality is developed and shared by the Department of Children and Family Services and its partners.

Strategy 1.1	**Strategy Rationale**[5]
The basic data on the UC Berkeley web site is collected and made comprehendible through understandable presentations of various types.	The basic data is available (and in part is described in the above description of the county's current performance) but at times the numbers are overwhelming or the significance is not obvious from the numbers alone.

Milestone	Timeframe	Assigned to
1.1.1 The existing data is collected.	April 2007 (completed)	Evaluation Staff F2F Self Evaluation Team
1.1.2 Charts graphs and other displays of the data are developed to clearly communicate the occurrence and significance of disproportionality.	June 2007 and updated semi-annually (now a part of the Quarterly F2F Outcome Summary and other reports available on-line, see below)	Evaluation Staff F2F Self Evaluation Team
1.1.3 The communication items that are developed are distributed to the staff and the community.	July 2007 and as indicated (available on-line and on the Data Wall-quarterly notice of updates via e-mail)	Evaluation Staff, F2F Self Evaluation Team IT Staff Program Managers Media Team

Notes:
The dynamics of the high rate of entries into care in 2005 of Native American children needs exploration especially as the rate that continue in care does not reflect this large jump.
Structured data reports regarding issues of disproportionality for Fresno County children are available online at: http://www.co.fresno.ca.us/SelfEvalDisp
All Fresno County structured data reports are available at: http://www.co.fresno.ca.us/SelfEvalData

Describe how the strategies will build on progress and improve this outcome or systemic factor

Strategy 1.2 The more complex data on the UC Berkeley web site is collected and made comprehendible through understandable presentations of various types.			**Strategy Rationale** [1] Many of the data sets available have additional breakdowns by age, ethnicity and gender but the complexity can be overwhelming.		
Milestone	**1.2.1**. The data sets that have additional breakdowns by age, ethnicity and gender are identified.	**Timeframe**	May 2007 (completed)	**Assigned to**	Evaluation Staff F2F Self Evaluation Team
	1.2.2 Organization methods to compile data subsets with additional breakdowns by age, ethnicity and gender are developed.		September 2007 (continuing)		Evaluation Staff F2F Self Evaluation Team
	1.2.3 Charts graphs and other displays of the data are developed to clearly communicate the occurrence and significance of disproportionality.		December 2007 and updated semi-annually (continuing)		Evaluation Staff F2F Self Evaluation Team
	1.2.4 The communication items that are developed are distributed to the staff and the community.		January 2008 and as indicated (available on-line http://www.co.fresno.ca.us/SelfEvalDisp and on the Data Wall-quarterly notice of updates via e-mail)		Evaluation Staff F2F Self Evaluation Team IT Staff Program Managers Media Team
Notes: A mode of information distribution for some of the information should be Web based to facilitate opportunities for the broadest distribution. Additional research to include family language and immigration status would analyze bias regarding those factors as well.					
Strategy 1.3 Data related to other social systems is gathered and considered regarding its impact on children and families as they relate the Child Welfare and Probation systems.			**Strategy Rationale** [1] Disproportionality is not exclusive to Child Welfare and Probation. Child Welfare and Probation can take the lead in the community in allowing data to illustrate the depth of the problem and provide impetus to the development of strategies to counter the historical biased practices.		
Milestone	**1.3.1** Other systems and institutions impacted by bias are identified.	**Timeframe**	April 2007 (continuing)	**Assigned to**	Evaluation Staff F2F Self Evaluation Team
	1.3.2 Data evaluator contacts in the other systems and institutions impacted by bias are identified and the sharing of data is implemented.		December 2007 (still pending)		Evaluation Staff F2F Self Evaluation Team
	1.3.3 Strategies for shared data are developed.		March 2008 (In process with FUSD still pending for others)		Evaluation Staff F2F Self Evaluation Team

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Strategy 1.4 Publications are reviewed for their perspectives and strategies on addressing the challenges posed by the reality of disproportionality in the Child Welfare and Probation systems.	**Strategy Rationale** [1] Disproportionality is a rapidly growing area of research and strategy development. The applicability of current responses must be evaluated and considered for local implementation when they have the potential for a positive impact on the Child Welfare and Probation systems.

Milestone	Timeframe	Assigned to
1.4.1 Publications that address disproportionality or Fairness and Equity are identified.	April 2007 (completed)	Evaluation Staff F2F Self Evaluation Team
1.4.2 Publications that address disproportionality or Fairness and Equity are reviewed and perspectives and strategies that have the potential for a positive impact on the Fresno Child Welfare and Probation systems are identified and shared.	December 2007 (continuing) (a list of publications with a brief synopsis is in place with hyperlinks to the documents themselves)	Evaluation Staff F2F Self Evaluation Team
1.4.3 Strategies and approaches that reflect effective Fairness and Equity practice are considered for development and implementation.	March 2008 (beginning and ongoing)	Administration Evaluation Staff F2F Self Evaluation Team Training Unit

Notes:

A beginning list of publications for review is as follows:

- ✓ Raising Our Children Together-A Report on Recommendations for Reducing the Disproportionality of African American Children in San Francisco's Child Welfare System by Bill Bettencourt & Patricia Nelson Doyle
- ✓ A Practice Guide for Working with African American Families in the Child Welfare System by Maxie Rockymore, MSW
- ✓ Synthesis of Research on Disproportionality in Child Welfare: An Update Casey-CSSP Alliance for Racial Equity in the Child Welfare System by Robert B. Hill, Ph.D., Senior Researcher, Westat
- ✓ *Places to Watch:* Promising Practices to Address Racial Disproportionality in Child Welfare Services by Ernestine Jones with The Center for the Study of Social Policy
- ✓ Child Welfare and Civil Rights by Dorothy E. Roberts
- ✓ Children's Services Practice Notes Volume 6, Number 2 • May 2001NorthCarolina Division of Social Services and the N.C. Family and Children's Resource Program
- ✓ Building A Culture of Fairness and Equity in California's Child Welfare System: A Call To Leadership and Action by Peter Nwosu, Ph.D.,
- ✓ Fairness And Equity Cultural Competency In Contra Costa County "Exploring Cultures, Communicating For Cultural Competence" Project A Collaboration of the Bay Area Academy and Contra Costa County
- ✓ Statement: Children of Color in the Child Welfare System by the Child Welfare League of America
- ✓ Executive Summary of Research Report Racial Disproportionality in the Child Welfare System in King County, Washington
- ✓ Research-Based Risk Assessment: Adding Equity to CPS Decision Making By: Christopher Baird Janice Ereth, PhD Dennis Wagner, PhD

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Improvement Goal 2.0 Firewalls for key decision points to identify and/or eliminate inappropriate bias in decision making are developed.				
Strategy 2.1 Community representatives are brought into Team Decision Making meetings.		**Strategy Rationale** [1] TDM meetings are routinely held at key decision points. Having an outside presence that can advocate for the family will give the family a voice to clarify actions and attitudes that might be misunderstood and guide a mistaken assessment of abuse and/or risk.		
Milestone	**2.1.1** A process for the designation, preparation and availability of community representatives is developed, documented and implemented.	**Timeframe**	March 2007 (Recruitment is ongoing with orientation, training and quarterly updated training)	**Assigned to** F2F Program Manager TDM Facilitators Neighborhood Collaboratives Neighborhood Resource Centers
	2.1.2 A process for identifying when a community representative should be brought into a TDM meeting is developed, documented and implemented.		March 2007 (TDM coordinator contacts available community representatives for almost all TDM meetings)	F2F Program Manager TDM Facilitators Neighborhood Collaboratives Neighborhood Resource Centers
	2.1.3 A strategy is developed to support the identification of bias or misunderstanding that may be occurring in the TDM and the assessment of a family's dynamics.		April 2007 (Initial discussions have occurred, implementation is pending)	F2F Program Manager TDM Facilitators Neighborhood Collaboratives Neighborhood Resource Centers
Notes: TDM facilitators must be provided with various "scripts" that provide language that will empower the family and the brokers to identify concerns about being misunderstood but avoid encouraging superficial responses that don't support a better understanding of the family by the Department of Children and Family Services staff.				
Strategy 2.2 Additional strategies for identifying and eradicating bias at other decision points are developed and implemented.		**Strategy Rationale** [1] The process of identification and response must be ongoing as the issue is complex and is not always obvious.		
Milestone	**2.2.1** Strategies regarding reunification are developed.	**Timeframe**	June 2007 (still pending)	**Assigned to** Evaluation Staff Disproportionality Task Group
	2.2.2 Strategies regarding ongoing placement are developed.		December 2007 (still pending)	Evaluation Staff Disproportionality Task Group
	2.2.3 Strategies regarding any other areas that are indicated by data as having disproportionality concerns are developed.		January 2008 and ongoing (still pending)	Evaluation Staff Disproportionality Task Group

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Strategy 2.3 Cultural brokers who are available to work with families at various decision points are instrumental resources to assist in the identification of and movement away from bias.			**Strategy Rationale** [1] The process of the identification of and response to bias is a case by case process. Cultural brokers can assist the family and the Department of Children and Family Services/Probation in avoiding the error of making a decision based on a personal or institutional bias.		
Milestone	**2.3.1** A process for the designation, preparation and availability of cultural brokers is developed, documented and implemented.	**Timeframe**	April 2007 (completed)	**Assigned to**	Administration Program Managers Disproportionality Task Group
	2.3.2 A process for identifying when a cultural broker should be contacted to work with the family is developed, documented and implemented.		June 2007 (completed)		Administration Program Managers Disproportionality Task Group Cultural Brokers
	2.3.3 Strategies for the activities of cultural brokers to support fair decisions and positive outcomes for families during the time of an open referral are developed, documented and implemented.		July 2007 (still pending)		Administration Program Managers Disproportionality Task Group Cultural Brokers
	2.3.4 Strategies for the activities of cultural brokers to support fair decisions and positive outcomes for families receiving Voluntary Family Maintenance services are developed, documented and implemented.		July 2007 (still pending)		Administration Voluntary Family Maintenance Program Manager Disproportionality Task Group Cultural Brokers
	2.3.5 Strategies for the activities of cultural brokers to support fair decisions and positive outcomes for families receiving Reunification services are developed, documented and implemented.		July 2007 (still pending)		Administration Reunification Program Manager Disproportionality Task Group Cultural Brokers
	2.3.6 Strategies for the activities of cultural brokers to support fair decisions and positive outcomes for minors receiving Permanency Planning services during the time of an open referral are developed, documented and implemented.		July 2007 (still pending)		Administration Permanency Planning and Adoptions Program Managers Disproportionality Task Group Cultural Brokers

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Improvement Goal 3.0 Staff are able to more comfortably approach issues of bias that may impact their or the Department of Children and Family Services' practice.				
Strategy 3.1 Training that supports an increased sensitivity to bias is provided to staff.		**Strategy Rationale** [1] Until staff are comfortable at looking at their own and/or the department's capacity for bias there can be no real progress in eradicating disparate treatment and its effects.		
Milestone	**3.1.1** Training for all Supervisors and Program Managers with Peter Dahlin on the topic of "Fairness and Equity" is provided.	**Timeframe**	February 2007 (completed)	**Assigned to**	DCFS Administration Program Managers/Supervisors Disproportionality Task Group Training Unit
	3.1.2 Training for all Supervisors and Program Managers with Peter Dahlin on the topic of "Engagement" is provided.		March 2007 (completed)		DCFS Administration Program Managers/Supervisors Disproportionality Task Group Training Unit
	3.1.3 Training hosted by the Disproportionality Task Group that involves role-plays and interactive discussion of practical solutions is provided for all Supervisors and Program Managers.		April 2007 (completed)		DCFS Administration Program Managers/Supervisors Disproportionality Task Group Training Unit
	3.1.4 Training for all Supervisors and Program Managers with Peter Dahlin on the topic of "Collaboration" is provided.		May 2007 (completed)		DCFS Administration Program Managers/Supervisors Disproportionality Task Group Training Unit
	3.1.5 Program Managers, Supervisors and some line staff are provided "framework" training in preparation for the "Undoing Racism" training.		May 2007 (completed)		DCFS Administration Program Managers/Supervisors Disproportionality Task Group Training Unit
	3.1.6 The "Undoing Racism" training is provided to Program Managers, Supervisors and some line staff.		June 2007 (completed)		DCFS Administration Program Managers/Supervisors Disproportionality Task Group Training Unit
	3.1.7 Debriefing for the "Undoing Racism" training is provided to Program Managers, Supervisors and some line staff.		July 2007 (completed)		DCFS Administration Program Managers/Supervisors Disproportionality Task Group Training Unit

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Improvement Goal 4.0
Community members and agencies are partners with the Department of Children and Family Services in increasing awareness of the issues surrounding Fairness and Equity as well as creating strategies and resources to support equal treatment.

Strategy 4.1	**Strategy Rationale** [1]
"Undoing Racism" training is held to support an increased awareness of disparate treatment and its impacts as an impetus to drive change in the Department of Children and Family Services and the community at large.	The injustice of disparate treatment and disproportionate outcomes does not solely occur in the operations of the Department of Children and Family Services and Probation but across the whole of society. The best response is to work together with the community to address the issues both within and outside of the agencies.

Milestone	Timeframe	Assigned to
4.1.1 Community/Agency Partners are identified to participate in the "Undoing Racism" training.	March 2007 (completed)	DCFS Administration Program Managers/Supervisors Disproportionality Task Group Training Unit
4.1.2 Training hosted by the Disproportionality Task Group to introduce the issues and dynamics of disproportionality is provided for identified Community/Agency Partners.	April 2007 (completed)	DCFS Administration Program Managers/Supervisors Disproportionality Task Group Training Unit
4.1.3 A second training for identified Community/Agency Partners is provided in preparation for the "Undoing Racism" training.	May 2007 (completed)	DCFS Administration Program Managers/Supervisors Disproportionality Task Group Training Unit
4.1.4 The "Undoing Racism" training is provided to Program Managers, Supervisors, some line staff and selected community partners.	June 2007 (completed)	DCFS Administration Program Managers/Supervisors Disproportionality Task Group Training Unit

Notes:
As Social Workers in the field come into contact with families impacted by other social entities whose practices lead to their own disproportionality, the increased sensitivity to the dynamic will lead to advocacy for the family by the Social Worker. Support and guidance for the Social Worker must be provided to foster effective interventions.

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Strategy 4.2 Pastors, Educators, Law Enforcement, Judges, Lawyers, Health Care Providers, Mental Health Care Providers, Substance Abuse Providers, Probation Staff and other disciplines providing services to families in the community are engaged regarding the opportunities to be involved in the Child Welfare process as Community Representatives as well as to learn about the issues of Fairness and Equity and become a positive force in combating disproportionality.		**Strategy Rationale** [1] The community must be engaged in a broad based manner to engage the various disciplines that play a role in the lives of families and can join the movement to provide Fairness and Equity for those families.		
Milestone	**4.2.1** There is outreach to the many facets of the community involved with families in order to engage them in the community collaborative work that as one of its focus efforts will promote Fairness and Equity.	**Timeframe**	March 2007 and ongoing (initiated and ongoing)	**Assigned to** DCFS Administration Program Managers/Supervisors Disproportionality Task Group
	4.2.2 There is outreach to the many facets of the community involved with families in order to engage them in the Disproportionality Task Force.		March 2007 and ongoing (initiated and ongoing)	DCFS Administration Program Managers/Supervisors Disproportionality Task Group
	4.2.3 There is outreach to the many facets of the community involved with families in order to encourage their attendance at the Fall 2007 Family to Family Convening which as one of its activities will feature an address by Rita Cameron-Wedding regarding the topic of Fairness and Equity.		March 2007 to October 2007 (completed)	DCFS Administration Program Managers/Supervisors Disproportionality Task Group
	4.2.4 The Fall 2007 Family to Family Convening which as one of its activities will feature an address by Rita Cameron-Wedding regarding the topic of Fairness and Equity is held.		Fall 2007 (completed)	DCFS Administration Program Managers/Supervisors Family to Family Leadership Group Disproportionality Task Group
Notes: As the work of addressing disproportionality continues and grows there is an ongoing need to recruit, educate and develop community partners in order to address the challenge with a united front that expects and demands fair and equitable treatment for all.				

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Improvement Goal 5.0 (Probation) A deeper and fuller understanding of the statistical indications of disproportionality is developed and shared by the Probation Department as a foundation for improvement.				
Strategy 5.1 A process to collect, analyze and document Juvenile Justice System data related to disproportionality is developed.		**Strategy Rationale**[6] To date the Fresno County Probation Department has not formally researched or addressed issues related to possible disproportionality. The examination of specific disproportionality in the Probation system will focus on how disproportionality is evident in the areas of: intake, disposition, removal from the family, local custodial commitments, and commitments to the Department of Juvenile Justice (formally known as CYA.)		
Milestone	**5.1.1** Work Group meetings (where specific areas are identified that need to be captured as data) with the Probation Automation Team are held.	**Timeframe**	September 2007 (PSM David Gonzalez has been attending disproportionality task force meetings. DPO unit staff have attended 3 day disproportionality training)	**Assigned to**	Juvenile Placement Manager Senior Systems and Procedures Analyst Placement Unit OA Lead DPO IV Disproportionality Task Group
	5.1.2 New automation procedures are written and training for staff is implemented.		November 2007 (Not implemented due to IT budget and data entry staffing issues)		Juvenile Placement Manager Senior SPA Placement Unit OA Lead DPO IV Disproportionality Task Group
	5.1.3 Data collection begins and monthly reports are run.		January 2008 ongoing (Not implemented due to IT budget and data entry staffing issues)		Juvenile Placement Manager Senior SPA Placement Unit OA Lead DPO IV Disproportionality Task Group
	5.1.4 Reports and data are shared with the Probation Department Management and supportive partners for analysis and system improvement.		January – February 2009 / ongoing review (Not implemented due to IT budget and data entry staffing issues)		Juvenile Placement Manager Senior SPA Placement Unit OA Lead DPO IV Probation EC Disproportionality Task Group F2F Self Evaluation Team

Describe how the strategies will build on progress and improve this outcome or systemic factor

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Improvement Goal 6.0 The focus on Eliminating Racial Disparity and Disproportionality (ERDD) is integrated into every stage of the child welfare process and is an element in any and all improvement strategies.			
Strategy 6.1 Participation in the **California Disproportionality Project BSC**		**Strategy Rationale**[7] Working with other regions in a focused manner on one element of addressing Disparity and Disproportionality will support and encourage a similar effort in other areas and stages of the Child Welfare process.	
Milestone	**6.1.1** Fresno County will apply to participate in the California Disproportionality Project BSC	**Timeframe**	June 2008 (completed)	**Assigned to**	Deputy Director Quality Assurance SWS Staff Analyst
	6.1.2 A team consisting of a Sr. Leader, a Day to Day manager, a SWS, line SW staff, a community member, a parent and a youth is formed		June 2008 (completed)		Deputy Director Quality Assurance SWS Staff Analyst
	6.1.3 On Site Technical Assistance is provided as a part of the BSC		July to December 2008		CDP BSC Team
	6.1.4 First Learning session is held at a location TBD		December 2008 or January 2009		CDP BSC Team
The position of Disproportionality Coordinator is being transitioned in order to support each task area taking the responsibility to address issues of Eliminating Racial Disparity and Disproportionality in their own spheres of influence. The task of coordinating and recording the activities of the cultural brokers is assigned to another position. Self Evaluation and Quality Assurance will continue to have a crucial role with each task area and initiative in using data and process analysis to identify where change is needed and progress in those changes.					

Describe how the strategies will build on progress and improve this outcome or systemic factor

Describe systemic changes needed to further support the improvement goal.

- As the inquiry into the places and structures that allow bias to impact outcomes shed light on the need for change individual workers and the department as a whole must have the courage to admit the problem and lead for change. Some of those are identified in the strategies of this System Improvement Plan but it can reasonably be expected that additional movement for change will be required.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

- Peter Dahlin will provide a series of trainings to Program Mangers and Social Work Supervisors regarding "Fairness and Equity," "Engagement" and "Collaboration." While the training topics of "Engagement" and "Collaboration" do not seem to specify "Fairness and Equity" as the subject of the training, bias does play a role in hindering engagement and collaboration and in fact, effective engagement and collaboration can play a strong role in detecting and countering bias.
- Social Work Supervisors will pass on the vision and strategies through training that they give to their units and staff individually as a part of their standard supervision practice. The Key Result Areas contain specific references to "Fairness and Equity" and all other areas must support it as well.
- As the challenge of disproportionality occurs across all agencies the best response will include collaborative cross agency training.
- The Fresno Council on Child Abuse Prevention can provide a multi-agency venue for training.

Identify roles of the other partners in achieving the improvement goals.

- Youth Advocates can play a helpful role for older youth in placement change TDM's as well as in Permanency and Emancipation meetings.
- Fresno will participate in a discussion with CALSWEC, the State Department of Social Services and San Francisco County on a curriculum being developed on disproportionality that will be given this summer to fourteen selected counties sponsored by the Coinvestment Partnership.
- Continuing to develop relationships with the local tribe's ICWA coordinators will support Fairness and Equity in the provision of services to Native American children.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

- The establishment of a local tribal court would assist the Department of Children and Family Services in the process of Fairness and Equity with Native American children.
- Where bias is found needed regulatory or statutory changes are likely to be identified.

Notes:

The distinction of inappropriate bias is that inappropriate bias is not based on an appropriately shared value. A bias towards respecting the dignity of all persons or respecting the integrity of the family is not inappropriate as they support values that we share. A bias that encourages different treatment of persons based on their demographics and not their circumstances or needs does not support appropriately shared values. When the word "bias" is used in this System Improvement Plan it is referring to inappropriate bias.

The focus on correcting "Disproportionality" must always be the elimination of bias on the level of interaction with each individual family. The reference then to "Fairness and Equity" is to that nature of interaction that will correct the "data symptom" of disproportionate representation. Furthermore, individual families within an ethnic group that does not show disproportionate representation may be subject to bias on their individual level. Thus the emphasis must be on "Fairness and Equity" for all persons and not just on the "data symptom."

Outcome:
(2B):Child Abuse and Neglect Referrals by Time-to-Investigation (10 Day)

County's Current Performance:

Q2 2003 44.3% Q3 2003 53.9% Q4 2003 37.3%	Q1 2004 37.1% Q2 2004 34.9% Q3 2004 43.7% Q4 2004 91.1%	Q1 2005 91.0% Q2 2005 91.5% Q3 2005 94.4% Q4 2005 94.0%	Q1 2006 96.4% Q2 2006* 95.8% Q3 2006* 92.7% Q4 2006* 84.5%	Q1 2007* 86.3% Q2 2007* 82.2% Q3 2007* 84.9%

Data Review:

- After the initial SIP in 2004, Fresno's compliance increased from the 30% to 40% range to the mid 90%
- The Q2 report was adjusted to allow counties the required 10 days for response. (Previous reports incorrectly allowed 11 days)
- A review of the May data in Safe Measures (Extract Date: 06/05/2008) shows that of the 171 referrals responses that are out of compliance 23% of them had a response in 11 days, 28% of them had a response in 12-15 days, 11% of them had a response in 16-20 days, 13% of them did not have a recorded response at that time and 25% of them had a response in 21 or more days.
- The May Safe Measures rate described above was 83.6%. If the response time had been 1 day earlier on those with an 11 day response the compliance rate would increase to 87.34%. If those with a 12-15 day response were responded to five or so days earlier the compliance rate would have been 91.95%. Thus it would appear that some of the non-compliance relates to a underestimation of the calculation of ten days (the change in calculation) and efforts needed to move some other responses a few days earlier.

2B Data Goal: To achieve or surpass the state's current compliance rate of **91.8%**

Improvement Goal 1.0 Social Workers are provided with "Ten-Day Response" referrals in a timely manner.					
Strategy 1.1 Social Work Supervisors will assign "10 Day Response" referrals within 3 days of the date of the referral. This provides the worker with 5 working days to initiate a response.			**Strategy Rationale**[8] Social Workers are only able to respond in a timely manner if the referrals are assigned to them in a timely manner. Barriers to that timeliness are to be identified and strategies are to be developed to overcome those barriers.		
Milestone	**1.1.1** Resources needed to prevent a backlog of referrals to be written up (from SCARs and other written reports as well as phone reports) are identified and implemented.	**Timeframe**	August 2008 and ongoing	**Assigned to**	Program Managers Careline Social Work Supervisor
	1.1.2 Social Work Supervisors provide feedback when referrals come to them in a manner where assignment within three days is not possible.		August 2008 and ongoing		Program Managers Emergency Response-Social Work Supervisors
	1.1.3 Immediate adjustments are made when late assignments are chronic (isolated situations may occur without a need for an adjustment.)		August 2008 and ongoing		Program Managers Careline Social Work Supervisor Emergency Response-Social Work Supervisors

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Improvement Goal 2.0 Social Workers are provided with information and feedback as to the priority of timely contact on "Ten-Day Response" referrals and how those contacts are properly recorded.				
Strategy 1.2 The Social Worker will understand the response time frame and the importance of meeting that goal and providing proper documentation.		**Strategy Rationale**[9] Some of the missed compliance had to do with the miscalculating of when the tenth day would occur and a better understanding of that calculation will allow a Social Worker to more efficiently plan to meet the time frame. Social Workers who work with their supervisors to stay aware of timeframes and properly document the responses will experience a higher compliance rate.		
Milestone	**1.2.1** A division wide compliance evaluation for 10 day Response using Safe measures is completed and shared with Division Manager who will share it with their Social Work Supervisor.	**Timeframe**	June 2008 (completed)	Evaluator Division Manger Social Work Supervisors
	1.2.2 Emergency Response Social Work Supervisors advise their workers regarding the process for calculating the tens days and that the date of the referral is day one.		August 2008	Social Work Supervisors Social Workers
	1.1.3 Emergency Response Social Work Supervisors use Safe Measures to support their workers in compliance with timely investigation requirements.		August 2008 and ongoing	Social Work Supervisors Social Workers Training

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Outcome:
(2C) Monthly Social Worker Visits with Children:

County's Current Performance:

	82.9%-January 2004	93.4%-January 2005	94.6%-January 2006	93.4%-January 2007
	84.9%-February 2004	93.5%-February 2005	94.9%-February 2006	93.9%-February 2007
	85.6%-March 2004	95.2%-March 2005	95.4%-March 2006	94.6%-March 2007
78.6%-April 2003	91.1%-April 2004	95.4%-April 2005	95.0%-April 2006	83.1%-April 2007
78.4%-May 2003	90.7%-May 2004	94.9%-May 2005	94.1%-May 2006	84.0%-May 2007
79.8%-June 2003	91.0%-June 2004	96.0%-June 2005	94.3%-June 2006	83.2%-June 2007
81.8%-July 2003	88.9%-July 2004	96.0%-July 2005	93.1%-July 2006	84.0%-July 2007
81.5%-August 2003	90.9%-August 2004	96.6%-August 2005	93.4%-August 2006	84.1%-August 2007
81.3%-September 2003	91.2%-September 2004	96.5%-September 2005	93.2%-September 2006	79.2%-September 2007
83.1%-October 2003	88.4%-October 2004	96.0%-October 2005	94.4%-October 2006	
83.3%-November 2003	89.6%-November 2004	96.4%-November 2005	94.4%-November 2006	
84.7%-December 2003	90.9%-December2004	96.6%-December 2005	94.8%-December 2006	

Data Review:

- After the initial SIP in 2004, Fresno's compliance increased from the low 80% range to the 96% range.
- A change in methodology that included a change in determining what cases would be a part of the outcome measure was implemented with the Q2 2007 (April 2007) data. This dropped the compliance from the mid 90% range to the low to mid 80% range.
- A review of the May data in Safe Measures (Extract Date: 06/05/2008) shows that of the 3112 children in need of contacts in that month there were 627 (20.1%) not in compliance. Of those 269 (42.9%) were out of compliance due to the lack of an effective case plan being recorded in the system, 358 (57.1%) were out of compliance due to the lack of a timely and properly recorded contact.
- Many but not all of the cases without effective case plans come from a group of cases not previously a part of the review. If all cases were brought up to date with effective and properly recorded case plans compliance would rise to 88.5%. Further gains would be achieved through the effective recording of contacts already made. Best practices in conjunction with regulations create an expectation that all contacts would be made as well.
- Safe Measures allows for a data breakout by building which is roughly equivalent to a breakout by program. 61% of the non-compliant cases come from the Permanency program which is where the majority of the cases newly included in the report are located. 31% are in the Reunification program, 7% in Voluntary cases and 1% in Emergency Response.

2C Data Goal: To achieve or surpass the state's current compliance rate of **89.1%**

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Improvement Goal 1.0
Social Workers are provided with information and feedback as to the priority of monthly (or other times as dictated by the recorded case plan) contacts with minors and how those contacts are properly recorded in conjunction with a properly recorded case plan.

Strategy 1.1	**Strategy Rationale**[10]
Support supervisors with information, strategies and tools related to the practice and technical expectations of contacts properly recorded in conjunction with a properly recorded case plan.	The ability to improve the data that support this outcome contains two elements. A change in the configuration for the data collection has had a significant impact on the element of the proper recording of contacts and case plans including the new inclusion of cases previously excluded. A second element is the activity of the actual contact which supervisors will be able to support more effectively when that data is not lost in the middle of documentation challenges.

Milestone	Timeframe	Assigned to
1.1.1 The structure for the new configuration for data collection is requested.	February 2008 (completed)	Evaluator
1.1.2 The structure for the new configuration for data collection is shared with Division Managers who will share it with their Social Work Supervisors.	April 2008 (completed)	Evaluator Division Mangers Social Work Supervisors
1.1.3 A department wide compliance evaluation using Safe measures is completed and shared with Division Managers who will share it with their Social Work Supervisors.	June 2008 (completed)	Evaluator Division Mangers Social Work Supervisors
1.1.4 Social Work Supervisors use Safe Measures and the new information regarding the configuration for the data collection to support their workers in compliance with contact requirements.	August 2008 and ongoing	Social Work Supervisors Social Workers Training

The significance of improving in this area is compounded by future expectations as expressed in WIC Section 16501.1(k): "On or before June 30, 2008, the department, in consultation with the County Welfare Directors Association and other advocates, shall develop a comprehensive plan to ensure that 90 percent of foster children are visited by their caseworkers on a monthly basis by October 1, 2011, and that the majority of the visits occur in the residence of the child. The plan shall include any data reporting requirements necessary to comply with the provisions of the federal Child and Family Services Improvement Act of 2006 (Public Law 109-288)." The reference to "department" refers to the State Department of Social Services

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